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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE

Medical Officer of Health,

Chief Welfare Officer,

AND

Principal School Medical Officer

1965

T. H. PARKMAN, S.B.St.J., M.B., B.S., D.P.H., F.R.S.H.

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HEALTH DEPARTMENT,
44 WELLINGTON SQUARE,
HASTINGS.

August, 1966.

To His Worship the Mayor, Aldermen and Councillors of the County Borough of Hastings.

I have the honour to present the Annual Report of the Medical Officer of Health, Chief Welfare Officer and Principal School Medical Officer for the year 1965. The report outlines the main services provided by the department and the work carried out on them during the year, with comment on changing situations.

The vital statistics for the borough indicate that the health of the community continues to be satisfactory. The Registrar-General's estimate of the mid-year resident population 66,660 is a reduction of 30 on the previous year: the percentage of people aged 65 and over is now certainly greater than 25%.

The death rate, corrected by the Registrar-General's comparability factor of 0.53 was 10.8 per thousand, comparing with 11.0 locally in 1964 and with the national figure of 11.5 for 1965. The actual number of deaths from all causes was 1,362 (1,339 in 1964), 571 males and 791 females, 81.6% being over 65 years and 57.7% over 75. The main causes of death were once again disease of the heart and circulatory system 56.5%, cancer 16.8% and respiratory disease 13.9%. Lung cancer deaths jumped to 62.

The birth rate (crude rate 13.1, corrected rate 16.6, national rate 18.1) showed a further decrease. The number of live births 877 includes 114 illegitimate births, an illegitimacy rate of 13%: this shocking figure compares with the national rate of 7.7%. Stillbirths at 11, stillbirth rate 12.4, were lower than the previous year 13 and 14.2 respectively (national rate 15.7).

The infant mortality rate 18.2 (16 infant deaths under one year) increased from 14.4 (national rate 19.0 per thousand live births). The neonatal death rate (deaths under 4 weeks of age per thousand live births) was 11.4, increased from 10.0 in 1964, national rate 13.0. The perinatal mortality rate (number of stillbirths and deaths under one week of age per thousand total live and stillbirths) was 20.2, decreased from 21.9. The maternal death rate (deaths of mothers due to childbearing and childbirth) was again nil.

The severe pressure under which the local authority services have worked grows steadily more intolerable. Education of the public by mass media on what services they can get and should expect, backed by pressure from the Central Government for their provision or supplementation by a spate of circulars, regulations and new legislature, can only lead to increased demand for high quality services. Difficulties in recruitment of many types of staff within the establishment, inability to increase establishment where needed and severe restriction on the annual budget must lead to inadequate services both in quantity and quality. But the demand for good services goes on increasing: the result is that existing staff carry a greater weight of both work and frustration in increasing proportion, until eventually a breaking point is reached and the vicious circle is given another turn, resulting in further inadequacies in the service concerned.

The Infant Welfare Centres again had a busy year with 21,440 attendances. The year saw the introduction of hearing tests at eight months of age in view of the importance of detecting hearing defects at the earliest possible time. The toddlers birthday examination sessions were also well attended.

The Home Midwives conducted 96 confinements and paid 3,653 visits: the Home Nurses dealt with 1,569 cases, 1,011 being new ones, during the year, making 50,760 visits by a depleted staff.

The Home Help Service gave even more hours of service than before, 87,000, helping 558 cases. Even stricter priorities than usual had to be adopted and all the reasonable demand could not be met, especially at peak periods. Recruitment to this service becomes more difficult.

The Health Visitors again made a splendid contribution in their efforts to help the community, as one has come to expect of them, but here again staff shortages have caused the temporary withdrawal of the scheme of attachment to general practitioners. Health Education is making some headway since Miss Fletcher's full time appointment in April, 1965.

The Ambulance Service, stretched severely at times, carried a record number of patients, 43,761 and covered the highest mileage yet 197,021, although the number of journeys decreased slightly to 10,422. A solution to the vexed problem of night and weekend control was not reached during the year, but I am glad to say a reasonable one was found in early 1966. Talks were held with the administration side of the hospital service to increase efficiency in turn-round and request procedures which were very helpful.

The mental health service has rapidly increasing demands made upon it and in consequence its staffing will have to be reviewed in the very near future. The plans for the much needed reshaping of the facilities for training both junior and senior mentally handicapped children were approved by the Council for implementation in 1966, but at the time of writing prospects look dim in the light of the national economy and our service therefore becomes increasingly outdated and inadequate.

The various schemes for the welfare of the elderly have progressed satisfactorily. The new Isabel Blackman (W.V.S.) Club was completed and opened and has from the start proved most successful, permitting also a larger output under much better kitchen and loading facilities for the meals-on-wheels service. The formation of further "aid groups" by groups of local churches is continuing, several now running successful weekly "coffee mornings" or other regular meetings. The one danger is that the larger, more organised groups may find their enthusiasm diminishing through lack of apparent work to do, especially the youth groups.

The Association for the Disabled has consolidated its position and is a real help to the physically handicapped: the department has continued to help with adaptations, rails, ramps etc., in disabled peoples homes.

The considerable number of measles cases notified in 1963 and 1964 continued during 1965, 699 cases being reported. No serious cases occurred and there was no case of diphtheria or poliomyelitis notified, the sixteenth and seventh year respectively of freedom from these two diseases. The level of protection against both these diseases is good, being estimated in each case at higher than the national average, although unfortunately I cannot say the same in respect of smallpox vaccination.

The new Central Abattoir came into operation in October and has provided a number of problems in connection with contractual work and staff which have in turn reflected on the throughput. It is, however, quite a show-piece and has received much praise from visiting experts: it is approved for the slaughter of animals for the meat export trade.

In the autumn, the Council considered the controversial subject of fluoridation of water supplies: after long discussion, they decided to defer a decision for a period of one year, the next debate to be preceded by a "teach-in" from experts on the subject as well as representation by the antifuoridation Pure Water Association.

During the year, 5 clearance areas comprising 183 houses were represented and one compulsory purchase order made. 18 individual dwellings were also represented as unfit. It is unfortunate that economic necessity brought about a moratorium for eighteen months on the representation of the remaining proposed clearance areas in the adopted programme, as this raises problems for both owners and tenants and leads to hardship. One Improvement area was declared and the survey was completed, but at the end of the year no further action had been taken.

Much less attention than needed was paid to inspection of hotels, food premises and other establishments important from a public health point of view, the sampling of food and drugs was less and generally much less routine inspection work was possible because of staff depletion, a position which has worsened in the first half of 1966.

With these brief comments, I submit this annual report to you, Mr. Mayor, with my sincere thanks to you and the members of your Council for their consideration and support given to the department in a rather trying year. I would also wish to thank my fellow Chief Officers and their staffs, my professional colleagues both in hospitals and general practice, the Officers of the Hospital Group Management Committee and Local Executive Council, and the Officers of the many statutory and voluntary bodies who work with us, for their co-operation and help so willingly given.

Finally the staff of my department for their loyalty, hardwork and devotion to duty which remain as high as ever.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

Medical Officer of Health.

Chief Welfare Officer.

Principal School Medical Officer.

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH AND WELFARE SERVICES AS AT 31.12.65.

Health Services Committee—COUNCILLOR MRS. D. I. GILBERT
Public Hygiene Committee—COUNCILLOR D. F. ALLEN, D.F.C., G.M., B.E.M.
Housing Committee—COUNCILLOR L. E. J. HAINES
Children Committee—COUNCILLOR MRS. D. I. GILBERT
Education Committee—COUNCILLOR C. J. W. LOCOCK, J.P.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1965.

(Including Welfare and School Health Service)

OFFICE HELD		NAME OF OFFICER
Medical Officer of Health ...	...	T. H. PARKMAN, S.B.ST.J., M.B., B.S., D.P.H., F.R.S.H.
Principal School Medical Officer; Chief Welfare Officer		
Deputy Medical Officer of Health; School Medical Officer	...	G. M. GORRIE, M.B., CH.B., D.P.H.
Assistant Medical Officer; School Medical Officer	...	I. M. FITZGERALD, M.B., B.CH.
Medical Officers (Part-time) Infant Welfare Centres	...	M. F. BEATTIE, M.B., B.A.O., B.CH., D.P.H. C. M. CARR, M.B., B.CH. M. J. CUTLER, M.B., B.S., LOND., M.R.C.S. ENG., L.R.C.P., LOND., D.C.H. E. FRANKS, L.R.C.P. & S. EDIN., L.R.F.P.S. GLAS. T. S. GOODWIN, M.D.
Principal School Dental Officer ...	...	MISS E. M. YOUNG, L.D.S., R.C.S.
School Dental Officer ...	...	M. S. HINTON, B.D.S., L.D.S., R.C.S.
School Dental Officer (Part-time) ...	...	L. B. OSBORNE, L.D.S., R.C.S., F.D.S., C.B.
Chief Public Health Inspector ...	...	W. G. McDONALD (a) (b) (i) (l) (m)
Deputy Chief Public Health Inspector	...	E. JACKSON (a) (b)
Senior Public Health Inspector (Housing)	...	K. C. DAVIS (a) (b)
Public Health Inspectors...	...	D. FUNNELL (k) K. J. HADLER (a) (b) (n) E. H. SHINGLER (a) (b) G. F. SMART (a) (b) A. TANNER (k) 1 vacancy
Pupil Public Health Inspectors ...	...	P. BAVERSTOCK 1 vacancy
Superintendent Health Visitor/School Nurse		MRS. M. MASTERS (c) (d) (f)
Deputy Superintendent Health Visitor/ School Nurse		1 vacancy
Health Visitor/School Nurses ...	...	Miss A. B. APPLETON (c) (d) (e) (f) Mrs. B. A. DAVIES (c) (d) (f) Miss M. E. EATON (c) (f) Miss K. M. FRYER (c) (f) Miss E. M. GILES (c) (d) (f) Miss B. J. HART (c) (d) (f) Miss M. HODGSON (c) (d) (e) (f) Miss B. M. KING (c) (f) Miss M. I. MUNFORD (c) (d) (f) 2 vacancies
Student Health Visitors ...	...	2 vacancies
School Clinic Nurses ...	...	Mrs. A. F. HYAMS (c) (d) Mrs. D. JONES (c)
Superintendent Home Nursing and Midwifery Service	...	Miss D. NORMAN (c) (d) (f) (j)

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1965

(Continued)

OFFICE HELD				NAME OF OFFICER
Deputy Superintendent, Home Nursing and Midwifery Service	...	...	...	Miss M. F. ROBINSON (c) (d) (f) (j)
Health Education Officer	...	...	...	Miss V. J. FLETCHER (c) (d) (f) (j) (o)
Senior Mental Welfare Officer	...	...	...	Mrs. M. HUNTER
Mental Welfare Officers	...	...	...	B. S. E. ASHTON R. CHAPMAN
Welfare Officers	...	...	...	H. R. H. ASHLEY L. NORLEY
Welfare Liaison Officer	...	...	...	Mrs. M. BILHAM
Occupational Therapist/Home Teacher	...	...	...	1 vacancy
Home Teachers for the Blind	...	...	...	Mrs. M. COLLINS E. C. HARRIS Miss A. A. HEYWORTH
Speech Therapists	...	...	...	Miss J. K. AUSTIN, L.C.S.T. Miss S. F. LANGDON L.C.S.T.
Home Help Organiser	...	...	...	Mrs. R. W. WALLACE
Assistant Home Help Organiser	...	...	...	Miss J. STEWART
Warden, Old Persons' Homes	...	...	...	R. G. THOMPSON
Almoner, Moreton and New Moreton	...	...	...	Miss K. GREENWOOD
Matron, Moreton	...	...	...	Mrs. D. BURTON
Matron, New Moreton	...	...	...	Mrs. D. L. HARRISON (c)
Matron, Pine Hill	...	...	...	Mrs. METCALF
Clerk/Storekeepers	...	...	...	Mrs. G. J. SPENCER Mrs. E. A. SPOONER
Chiropodist (Part-time)	...	...	...	C. R. M. GALLINI
Psychiatrist	...	...	...	H. V. W. ELWELL, M.A., M.R.C.S., L.R.C.P., D.P.M.
Educational Psychologist	...	...	...	Miss M. S. LOGG, B.A., DIP. PSYC.
Social Worker	...	...	...	Mrs. A. M. CHAPMAN
Clinic Secretary	...	...	...	Miss P. ANDERSON
Chief Clerk	...	...	...	R. FREEMAN
Deputy Chief Clerk	...	...	...	C. T. HYLAND
Senior Clerks	...	...	...	Miss A. GRAHAM J. A. SMITH
Clerks	...	...	...	Miss L. BEAR Mrs. S. HAZELWOOD Miss J. KENT Miss C. SCOTCHER
Shorthand/Typists	...	...	...	Mrs. M. GLAZIER Mrs. J. SMITH
School Clinic Clerks	...	...	...	Miss L. KING Miss V. BOURNER
Dental Surgery Assistants	...	...	...	Mrs. R. DE MAIO Mrs. S. FITZSIMMONS Miss J. WENHAM

(a) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

(b) Certificate, Royal Sanitary Institute, Inspector of Meat and other Foods.

(c) Fully Trained General Nurse.

(d) Certificate of Central Midwives Board (C.M.B.).

(e) Certificate, Fever Training.

(f) Health Visitor's Certificate.

(g) Tuberculosis Certificate.

(h) Health Visitor Tutor's Certificate.

(i) Member of the Royal Society of Health (M.R.S.H.).

(j) Queen's Nurse.

(k) Certificate of the Public Health Inspectors Examination Board.

(l) Diploma in Sanitary Science.

(m) Associate Membership Examination of Institution of Public Health Engineers.

(n) Smoke Inspector's Certificate.

(o) Health Education Diploma.

SECTION I

GENERAL AND VITAL STATISTICS

(a) Summary

Area of Borough	7,770 acres
Population—Census 1961	66,478
„ Registrar-General's estimate of resident population for the purpose of Vital Statistics mid-1965	66,660
Number of inhabited houses, as at 1.4.65	24,900
Rateable Value	£2,727,344
Product of 1d rate	£11,004
Live Births, 1965, Legitimate	763
„ „ Illegitimate	114
Total 877	
Live Birth rate per 1,000 population	
(a) Crude	13.1
*(b) Corrected	16.6
*Factor of correction	1.27
Still Births	11
Still Births rate per 1,000 total live and still births	12.4
Total Live and Still Births	888
Infant Deaths (deaths under one year)	16
Infant Mortality Rates:	
Total Infant Deaths per 1,000 total live births	18.2
Legitimate „ „ „ legitimate live births	18.3
Illegitimate „ „ „ illegitimate „ „	17.5
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	11.4
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	7.9
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)	20.2
Maternal Mortality (including abortion):	
Number of deaths	Nil
Rate per 1,000 total live and still births	Nil
Illegitimate live births per cent of total live births	13.0
Deaths 1965	1,362
Death rate per 1,000 population:	
(a) Crude	20.4
*(b) Corrected	10.8
*Factor of correction	0.53
Death rate (tuberculosis) per 1,000 population	0.09
Death rate (cancer) per 1,000 population	3.45
Total hours sunshine 1965	1,607.0
Total inches rainfall 1965	34.01

(b) Vital Statistics:

Population: Census 1961	66,478
Estimated midyear population 1965	66,660
Estimated midyear population 1964	66,690

The current trend is illustrated by the following figures, all mid-year estimates used by the Registrar-General for statistical purposes:—

1952	..	64,800	1959	..	63,900
1953	..	64,510	1960	..	65,130
1954	..	64,800	1961	..	66,180 (Census 66,478)
1955	..	64,770	1962	..	66,640
1956	..	64,550	1963	..	66,640
1957	..	64,600	1964	..	66,690
1958	..	64,220	1965	..	66,660

1961 Census
(Resident Population by Five-year Groups)

Age Group	Males	Females	Total
0-4	1859	1782	3641
5-9	1886	1787	3673
10-14	2387	2357	4744
15-19	1846	2058	3904
20-24	1334	1651	2985
25-29	1404	1506	2910
30-34	1390	1673	3063
35-39	1540	1882	3422
40-44	1635	1991	3626
45-49	1859	2427	4286
50-54	2040	2693	4733
55-59	1971	2753	4724
60-64	1713	2927	4640
65-69	1821	3048	4869
70-74	1458	2907	4365
75-79	1048	2401	3449
80-84	604	1501	2105
85-89	251	730	981
90-94	56	253	309
95+	7	42	49
TOTAL	28109	38369	66478

These figures indicate that 24.2% of the resident population is aged 65 or over and in the same age range the proportion of females to males is almost exactly 2 to 1.

Birth Rate: Total number of live births registered in Hastings (excluding county cases) for 1965 was 877, comprising 451 males and 426 females, giving a birth rate of 13.1 per 1,000 estimated midyear population. Of the total live births, 114 (50 males and 64 females) were illegitimate, a percentage of 13.0. Comparative figures for the past 25 years are given in Table I.

Death Rate: Total number of deaths registered in 1965 occurring among the resident population of the borough was 1,362,571 being males, 791 females. Not included were 503 deaths transferred to other districts (i.e. persons not normally resident in the town): included were 82 deaths of Hastings residents occurring elsewhere. There were 53 Coroner's inquests. 165 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 20.4, which corrected for the peculiar age and sex constitution of the population by the Registrar-General's factor of 0.53 gives a corrected death rate of 10.8 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: Of the 1,362 deaths of residents in 1965, 16 occurred in infants under 1 year of age. 1,112 (81.6% of the total deaths) were of residents over 65 years, 787 (57.7% of all deaths) being over 75 years of age. Further details are given in Table IV.

Main Causes of Death:

(a) Disease of heart and circulatory system	770	56.5% of total
(b) Cancer	230	16.8% „
(c) Respiratory diseases (other than tuberculosis and cancer) ..	190	13.9% „
(d) death by violence	51	3.7% „

Deaths from heart and circulatory system diseases and from cancer are responsible for 73.4% of all deaths.

Deaths from lung cancer:—

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
29	20	37	40	41	36	48	42	35	55	60	37	62

For complete analysis see Table IV.

Infant Mortality: The Infant Mortality rate in 1965 with 16 infant deaths in 877 live births was 18.2 per 1,000 births compared with a national rate for England and Wales of 19.0.

Comparative Infant Mortality rates for the past 25 years are given in Table II, and an analysis of the causes of death under 1 year in Table V.

The number of still births recorded in 1965 was 11, a decrease of 2 on the previous year's total.

The Infant (legitimate) Mortality rate with 14 deaths in 763 legitimate births was 18.3 per 1,000: the rate for illegitimate children under 1 year was 17.5 per 1,000, there being 2 deaths of such children in 114 illegitimate births.

Maternal Mortality: The Maternal Mortality rate, i.e. the number of deaths due to pregnancy or childbearing, per 1,000 total births was nil.

Further details and comparative figures for the previous 25 years are given in Table VI, and the Hastings rate compares with a national rate of 0.25.

Pueperal Pyrexia Regulations, 1939-51: There were 5 cases of puerperal pyrexia notified in 1965.

Comparative Table I.

BIRTHS AND STILLBIRTHS.

Year.	Popn.	LIVE BIRTHS							STILL- BIRTHS Total.
		Total Live Births.				Legiti- mate.	Illegitimate.		
		M	F	Total.	Birth rate per 1,000 population.	Total.	Total.	% of all Births.	
1941	36,670	247	243	490	13·3	447	43	8·8	16
1942	38,940	333	311	644	16·5	577	67	10·4	20
1943	37,100	288	297	585	15·7	508	77	13·2	12
1944	38,350	343	298	641	16·7	550	91	14·2	21
1945	48,820	397	334	731	15·4	630	101	13·8	23
1946	59,160	607	548	1,155	19·5	1,057	98	8·5	31
1947	62,740	615	588	1,203	19·1	1,117	86	7·1	36
1948	65,360	502	497	999	15·2	927	72	7·2	23
1949	65,000	496	406	902	13·9	833	69	7·6	22
1950	65,690	452	438	890	13·5	816	74	8·3	17
1951	65,090	398	409	807	12·4	749	58	7·3	7
1952	64,800	378	405	783	12·1	736	47	6·0	19
1953	64,510	381	360	741	11·4	702	39	5·2	16
1954	64,800	381	365	746	11·5	702	44	5·8	11
1955	64,770	365	357	722	11·1	685	37	5·1	21
1956	64,550	365	333	698	10·8	661	37	5·3	14
1957	64,600	324	379	703	10·9	658	45	6·4	11
1958	64,220	378	365	743	11·5	697	46	6·2	14
1959	63,900	390	377	767	12·0	722	45	5·8	22
1960	65,130	407	381	788	12·1	724	64	8·1	17
1961	66,180	425	366	791	11·9	731	60	7·6	10
1962	66,640	426	425	851	12·7	775	76	8·9	14
1963	66,640	469	441	910	13·6	827	83	9·1	17
1964	66,690	473	427	900	13·5	800	100	11·1	13
1965	66,660	451	426	877	13·1	763	114	13·0	11

Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
					All Ages.			Under 1 yr.	
			In	Out	Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
1941	36,670	776	65	95	746	20·3	14·21	14	34·2
1942	38,940	900	67	133	834	21·4	16·26	27	41·9
1943	37,100	953	60	128	885	23·8	15·9	21	34·2
1944	38,350	887	65	130	822	21·4	14·34	20	32·7
1945	48,820	1,012	44	168	888	18·1	12·12	34	46·5
1946	59,160	1,054	64	142	976	16·4	10·98	35	30·3
1947	62,740	1,170	50	215	1,005	16·0	10·72	32	26·6
1948	65,360	1,129	63	218	974	14·9	9·98	35	35·0
1949	65,000	1,264	75	237	1,102	16·9	11·49	25	27·7
1950	65,690	1,303	92	259	1,136	17·3	11·76	14	15·7
1951	65,090	1,362	71	269	1,164	17·9	11·99	17	21·1
1952	64,800	1,222	94	316	1,000	15·4	10·31	25	31·9
1953	64,510	1,402	35	363	1,074	16·6	11·12	16	21·6
1954	64,800	1,376	37	345	1,068	16·5	10·06	18	24·1
1955	64,770	1,472	36	390	1,118	17·2	10·4	16	22·1
1956	64,550	1,597	36	415	1,218	18·8	12·0	15	21·5
1957	64,600	1,447	39	393	1,093	16·9	10·8	12	17·0
1958	64,220	1,582	52	398	1,236	19·2	12·09	13	17·5
1959	63,900	1,594	55	389	1,260	19·7	12·41	15	19·5
1960	65,130	1,592	54	406	1,240	19·0	11·97	21	26·6
1961	66,180	1,706	62	483	1,285	19·5	12·28	12	15·1
1962	66,640	1,737	85	471	1,351	20·2	12·32	15	17·6
1963	66,640	1,840	72	488	1,424	21·3	11·7	14	15·3
1964	66,690	1,756	93	510	1,339	20·1	11·0	13	14·4
1965	66,660	1,783	82	503	1,362	20·4	10·8	16	18·2

†Factor for correction
("Comparability factor")

1965 — 0·53

* "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales die in a district other than that in which they resided.

Comparative Table III.

BIRTH, DEATH, INFANT MORTALITY AND OTHER RATES FOR THE YEAR 1965.
Provisional figures for England and Wales compared with those of Hastings.

	Birth Rate. Live births per 1,000 population.	Still-birth Rate. Per 1,000 Total births.	Infant Mortality Rate per 1,000 live births.	Neonatal Mortality Rate per 1,000 live births.	Maternal Mortality Rate per 1,000 Total births.	Death Rate (all causes) per 1,000 population.	Death Rate (Tuberculosis) per 1,000 population.	Death Rate (Cancer) per 1,000 population.
England and Wales . . .	18.1	15.7	19.0	13.0	0.25	11.5	0.048	2.227
Hastings	16.6 +	12.4	18.2	11.4	—	10.8 ★	0.09	3.45

+ Factor of correction
1.27

★ Factor of correction
0.53

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1965.

Net Deaths at the subjoined ages of Residents, whether occurring within or without the District									
CAUSES									
OF DEATH.									
MALES.									
All Causes { Certified } Uncertified ...	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.
	8	1	4	3	11	123	164	257	571
Tuberculosis, respiratory	3	1	1	5
Tuberculosis, other	1	...	1
Syphilitic disease	1	1	2
Diphtheria
Whooping Cough
Meningococcal infections
Acute poliomyelitis
Measles
Other infective and parasitic diseases	4	...
Malignant neoplasm, stomach	3	2	9	...
" lung, bronchus...	2	16	17	4	44
" breast
" uterus
" Other malignant and lymphatic neoplasms	4	12	20	22	58
Leukemia, aleukemia	1	...	...	1
Diabetes
Vascular lesions of nervous system
Coronary disease, angina	13	23	55	91
Hypertension with heart disease	34	42	53	129
Other heart disease	1	3	4	8
Other circulatory disease	6	9	36	51
Influenza	4	4	8	16
Pneumonia	1	1
Bronchitis...	2	...	...	...	...	4	7	21	34
Other diseases of respiratory system	1	...	...	...	1	6	20	23	51
Ulcer of stomach and duodenum	1	2	1	5
Gastritis, enteritis and diarrhoea
Nephritis and nephrosis	2	...	2	4
Hyperplasia of prostate...	1	...	5	6
Pregnancy, childbirth, abortion
Congenital malformations	1	...	...	...	...	...	...	...	1
Other defined and ill-defined diseases...	3	1	2	...	1	9	7	9	32
Motor vehicle accidents...	2	...	2	1	2	1	6
All other accidents	2	3	2	1	10
Suicide	1	...	3	1	...	5
Homicide and operations of war	1	...	...	...	1
Totals ...	8	1	4	3	11	123	164	257	571
FEMALES.									
All Causes { Certified } Uncertified ...	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.
	8	2	2	3	6	79	160	530	790
Tuberculosis, respiratory
Tuberculosis, other
Syphilitic disease	1	1	2
Diphtheria
Whooping Cough
Meningococcal infections
Acute poliomyelitis
Measles	1	...	...	1
Other infective and parasitic diseases	2	9	...
Malignant neoplasm, stomach	9	4	...
" lung, bronchus...	1	4	8	4	...
" breast	10	2	2	...
" uterus	4	...	...	8
" Other malignant and lymphatic neoplasms	1	16	14	29	60
Leukemia, aleukemia	1	...	1	2
Diabetes
Vascular lesions of nervous system
Coronary disease, angina	10	34	141	185
Hypertension with heart disease	1	8	38	64	106
Other heart disease	3	6	8	17
Other circulatory disease	1	6	11	115	134
Influenza	3	10	20	33
Pneumonia	2	2
Bronchitis...	...	1	...	...	...	5	14	54	75
Other diseases of respiratory system	1	...	16	18
Ulcer of stomach and duodenum	2	...	2	4
Gastritis, enteritis and diarrhoea	2	3	3
Nephritis and nephrosis	1	...	...
Hyperplasia of prostate...
Pregnancy, childbirth, abortion
Congenital malformations
Other defined and ill-defined diseases...
Motor vehicle accidents...
All other accidents	1	2	...	3	11	31	51
Suicide	2	...	1	1	3
Homicide and operations of war	18	22
Totals ...	16	3	6	6	17	202	324	787	1361
TOTAL DEATHS.									
All ages.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	All ages.
	16	3	6	6	17	202	324	787	1362

INFANT MORTALITY.

Table V.

1965. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	0-1 Day.	1-2 Days.	2-3 Days.	3-4 Days.	4-5 Days.	5-6 Days.	6-7 Days.	7-14 Days.	14-21 Days.	21-28 Days.	Total under 4 weeks.	28 Days - 2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total under 1 Year.
All Causes { Certified ... Uncertified	5	1	...	...	...	...	...	3	...	...	9	1	2	...	2	1	...	...	1	...	...	...	16
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	2	1	...	...	...	...	...	1	...	...	4	...	...	...	...	1	...	...	...	...	...	...	1
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Atelectasis	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Injury at birth	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	...	...	2	...	...	2	1	...	...	1	...	...	...	...	...	...	...	1
Suffocation (overlying)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Other causes	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	...	3
Totals	5	1	...	...	...	...	...	3	...	...	9	1	2	...	2	1	...	...	1	...	...	...	16

Net Births in the Year. { legitimate 763
illegitimate 114

Net Deaths in the Year. { legitimate 14
illegitimate 2

Neonatal Deaths (under 1 month) 10
Infant Deaths (" 1 year) 16

Rate per 1000 live births 11.4
" " " " 18.2

Table VI.

MATERNAL MORTALITY.

Year.	No. of live and still births.	Puerperal Sepsis.		Other causes connected with Pregnancy and Childbirth.		Total.	Rate per 1,000 total births
		No.	Rate per 1000 total births.	No.	Rate per 1000 total births.	No.	
1941	506	...	...	2	4.7	2	4.7
1942	664	...	...	...	...	...	..
1943	597	...	...	1	1.6	1	1.6
1944	662	...	...	...	...	...	...
1945	754	...	...	1	1.33	1	1.33
1946	1,186	...	...	2	1.68	2	1.68
1947	1,239	...	...	...	...	..	...
1948	1,022	...	...	...	...	...	...
1949	924	...	...	1	1.08	1	1.08
1950	907	...	...	1	1.10	1	1.10
1951	814	1	1.24	...	...	1	1.24
1952	802	...	...	1	1.24	1	1.24
1953	757	...	...	...	...	...	...
1954	757	...	...	1	1.32	1	1.32
1955	743	...	...	1	1.34	1	1.34
1956	712	...	...	...	...	...	...
1957	714	...	...	...	...	...	...
1958	757	...	...	...	...	...	...
1959	789	...	...	...	...	...	...
1960	784	...	...	...	...	...	...
1961	801	...	...	1	1.26	1	1.26
1962	865	...	...	...	...	...	...
1963	927	...	...	...	...	...	...
1964	913	...	...	...	...	...	...
1965	888	...	...	...	...	...	...

SECTION II

SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

GENERAL

Administration:

The Health Services Committee of the Council is responsible for the provision of Health and Welfare Services under the National Health Service and National Assistance Acts.

The Welfare Services, together with the Health Services, are administered by the Medical Officer of Health and the Health Department, thus ensuring complete co-ordination of policy and effort.

The results continue to show that this unified and simple administrative pattern is ideally suited to the needs of the county borough and is in addition financially the most economic way.

SECTION 22

Care of Mothers and Young Children:

(a) Infant Welfare Centres.

Welfare clinics are held weekly at 6 centres scattered throughout the borough as follows:—

Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea	Mondays and Thursdays, 2 p.m.
London Road Congregational Church Hall, St. Leonards-on-Sea	Mondays, 2 p.m.
St. Ethelburga's Church Hall, St. Saviour's Road, St. Leonards-on-Sea	Thursdays, 2 p.m.
Ore Clinic, Old London Road, Hastings ..	Tuesdays and Fridays, 2 p.m.
Mt. Pleasant Congregational Church Hall, Mt. Pleasant Road, Hastings ..	Tuesdays, 2 p.m.
Wesley Church Rooms, The Bourne, Hastings	Fridays, 2 p.m.

(b) Toddler Clinics.

Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea ..	Tuesday 9.30-10.30 a.m.
Ore Clinic, Old London Road, Hastings ..	Wednesday 10.15-11.15 a.m.

One change of venue occurred during the year, the renting of Holy Trinity Parish Hall being terminated at very short notice: an alternative centre was established at the Mount Pleasant Congregational Church Hall which already seems to serve a larger section of the community.

The toddlers "birthday" examination scheme continued successfully and is well attended. The examination is on the lines of the routine medical inspection in the school health service, special attention is being given to development and psychological make-up as well as to the general physical condition. In many cases this examination is followed straight away by a visit to the dental surgeon in the dental clinic, so introducing children at an optimum time to a service which many people still regard as frightening or for use in dental emergencies only.

A new feature introduced in February was a hearing test invitation session for children at eight months of age: 262 children were tested and 4 defects found. More detail is given later in the Superintendent Health Visitor's report.

The infant welfare sessions are extremely well attended and are appreciated by the mothers, both in the Council's purpose-built bright and cheerful clinics at Ore and Hollington, and in those held in less pleasant and convenient rented Church rooms; the quality of the work done depends more on the keenness of the mothers and the enthusiasm of the staff rather than on the surroundings, although good facilities make the job easier and more congenial. The appended table indicates the wide use made of these centres by mothers and their children.

Work in the clinics continues to be carried out by the health visitors and the doctors for the most part are interested general practitioners: its objective remains preventative and educational. Health education on a variety of suitable topics is carried out by the health visitors, working in conjunction with the Health Education Officer. A full range of baby welfare foods and vitamin supplements is on sale at each centre for the convenience of the mothers.

Voluntary helpers of the Service of Help for Motherhood and Infancy provide the backbone of these clinics, helping in every conceivable way to ensure their smooth running, and their assistance is literally quite invaluable.

Attendances at Centres in 1965 were:—

CLINIC	First Attendance Children under 1 year	First attendance in year children born in				Subsequent attendances			Total Attendances	Average per Session	No. Medical Consultations.
		1960-63				Born '65	Born '64	Born '60-63			
		1965	1964	1960-63							
Arthur Blackman : (Mondays) ... (Tuesdays) Toddler Clinic ... (Thursdays) ...	138 2 119	99 3 101	87 15 77	94 341 71	843 4 865	890 8 953	229 80 383	2242 451 2450	47 9 47	578 440 431	
London Road : (Mondays) ...	151	141	99	95	1504	1194	408	3441	72	766	
Holy Trinity : (Terminated 7-9-65) Mt. Pleasant (Commenced 14-9-65) (Tuesdays) ...	73 46	54 46	90 9	91 15	410 470	736 148	346 118	1727 806	48 54	273 126	
Ore : (Tuesdays) ... (Wednesdays) Toddler Clinic ... (Fridays)... ...	141 3 113	131 3 102	137 58 85	118 426 102	1051 1 710	1174 17 796	980 55 703	3591 560 2498	70 11 49	886 487 756	
St. Saviour's Road : (Thursdays) ...	58	56	55	46	627	618	261	1663	32	239	
The Bourne : (Fridays) ...	72	68	56	55	571	733	528	2011	39	573	
	916	804	768	1454	7056	7267	4091	21440	—	5555	

(c) Ante-Natal and Post-Natal Clinics.

In view of the high numbers (over 80%) of local mothers admitted to hospital for their confinement, ante-natal and post-natal care being given at the unit's own clinic, the Local Health Authority have not run a clinic of this type since 1961. No difficulties have been encountered, satisfactory ante-natal care being given in the case of mothers booked for domiciliary delivery by the general practitioner obstetrician and domiciliary midwife concerned.

The scheme of health education and parentcraft teaching agreed with the Local Maternity Liaison Committee by which the combined resources of the hospital obstetric unit and the Authority enable all mothers to attend if they wish at either the Buchanan Hospital or at the Ore Clinic has continued with a degree of success.

(d) Family Planning Clinic.

The Family Planning Association clinic held in the Authority's Arthur Blackman Clinic attracted increased attendances and provided an excellent service.

The F.P.A. service offers advice and help to a much wider range of people than could the special clinic which the Authority had run itself for many years where advice was limited to married women to whom further pregnancy was undesirable on medical grounds: this debarred young couples from seeking advice on purely family planning grounds.

F.P.A. Clinic

No. of clinic sessions held during year	..	..	68
No. of individual patients attending during year	..	..	521
No. of new patients attending during year	..	..	228
<i>Advice required by new patients:—</i>			
Birth control	..	..	197
Premarital	..	..	22
Subfertility	..	..	8
Marital problems	..	..	1

(e) Dental Care of Nursing and Expectant Mothers, and Children under 5.

The Principal Dental Officer, Miss E. M. Young, reports as follows:—

In co-operation with the toddlers birthday inspection scheme organised by the Infant Welfare Centres an increased number of pre-school children have been inspected.

The mothers of these children are interested in the well-being of their children and in the majority of cases have to be congratulated on the healthy condition of their dentitions. At these regular inspections the advantages of good dietary habits opposed to indiscriminate nibbling and drinking of syrupy liquids are explained to them.

Most of the mothers see the point of this but have to contend with relations and friends who are over generous with sweets and sweet biscuits, forgetting that the child full of "treats" cannot cope with his proper meal. The teeth will soon show the ravages of caries, so eating becomes uncomfortable, resulting in a peevish child. The family meals are thoroughly disrupted, frequently ending in frayed tempers all round.

This age group shows great contrasts. The majority we see do not require much treatment to keep them fit but a small number of children are only brought when the child has kept everyone awake. These may have the most of their teeth decayed and multiple abscesses. These cases generally give a history of the abuse of the vitamin syrups and complete disregard of the basic rules of oral hygiene.

A number of expectant and nursing mothers attend the appropriate clinics but the majority of these receive treatment under the National Health Service by the private practitioners.

Guidance and advice on the maintenance of good oral hygiene are the important features in the Maternity and Child Welfare dental service and I should like to thank the health visitors and midwives for their continued help in this work both at the clinics and on their home visits.

(i) Numbers provided with Dental Care:

	Examined	Commenced treatment during year	Treatment completed
Expectant & Nursing Mothers	25	23	15
Children under 5 years	666	401	371

(ii) Forms of Dental Treatment provided:

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	22	18	—	—	11	2	—	2	7
Children under 5 years...	24	784	214	—	10	4	—	—	6

Facilities for X-ray examination are available in the dental clinics.
 Arrangements for the construction of dentures have been made at a local laboratory.

(f) Care of Unmarried Mothers and their Babies:

The national increase in illegitimacy is reflected in the Hastings figures, for this year one in every eight children born alive was illegitimate, 13.0% compared with the national rate of 7.7%. This figure is the highest recorded since the wartime years.

A considerable proportion of unmarried mothers continue to live at home, receive antenatal care from general practitioner or hospital clinic, and are ultimately confined in hospital.

Where it is not possible for the girl to remain at home, arrangements are made through the local worker of the Chichester Diocesan Moral Welfare Association for any necessary help to be given. The Authority undertakes responsibility for payment of the balance of fees charged for the girl to enter a home for unmarried mothers, usually six weeks before confinement and afterwards for a period of six to eight weeks, until the mother is rehabilitated and the child's future decided. Close liaison is kept between the Association's worker and the Health Department, and if the child is kept by the mother, special supervision is carried out by the health visitors.

(g) Provision of Free Maternity Outfits:

The Local Health Authority supply free of cost maternity packs containing all the necessary pads, dressings and etceteras for confinement: these are issued on request to all mothers for home confinements, not to cases booked for hospitals or private nursing homes. 113 packs were issued in 1965.

(h) Other Services available for Children under 5:

(i) In conjunction with the School Health Services, facilities are available at the Child Guidance Clinic, the Speech Therapy Clinic, and the School Clinics.

(ii) The Regional Hospital Board provide facilities for orthopaedic treatment both Outpatient and short stay Inpatient in local hospitals: special prolonged institutional treatment and education in conjunction with the Local Education Authority at various hospital special schools.

(i) Prematurity:

Special equipment for use with premature infants has been provided for the Home Nurses and Midwives including a draught-proof cot, electric blanket and equipment as specified in Ministry of Health Circular 20/44. Ambulance vehicles also comply with the suggestion of the same circular in regard to transport of premature infants.

PREMATURITY 1965

Premature babies born at home 3. % survival 100.

Weight at birth.	No.	Transferred to hospital.	Deaths	Remaining at home.	Deaths.
2 lbs. 3 ozs. or less ...	—	—	—	—	—
2 lbs. 3 ozs.—3 lbs. 4 ozs.	—	—	—	—	—
3 lbs. 4 ozs.—4 lbs. 6 ozs.	—	—	—	—	—
4 lbs. 6 ozs.—4 lbs. 15 ozs.	2	—	—	—	—
4 lbs. 15 ozs.—5 lbs. 8 ozs.	1	1	—	—	—

Premature babies born in Institutions (Hospitals and Nursing Homes)
52. % survival 92.

Weight at birth.	No.	Deaths.
2 lbs. 3 ozs. or less	3	1
2 lbs. 3 ozs.—3 lbs. 4 ozs.	5	1
3 lbs. 4 ozs.—4 lbs. 6 ozs. ...	14	1
4 lbs. 6 ozs.—4 lbs. 15 ozs....	7	—
4 lbs. 15 ozs.—5 lbs. 8 ozs. ...	23	1

(j) Distribution of Welfare Foods.

The Local Health Authority welfare food office at 44 Wellington Square, is the main depot for the sale of welfare foods: these foods are also obtainable from all the Infant Welfare Centres.

The total distribution of welfare foods during 1965 was:—

National Dried Milk	5,219	(7,063) tins
Orange Juice	15,067	(14,629) bottles
Codliver Oil	943	(926) bottles
Vitamin A and D Tablets ..	1,675	(1,536) packets

SECTION 23

(a) Domiciliary Midwifery:

The Authority provide a directly run service of midwives for the confinement of mothers who wish to have their baby at home, in conjunction with the Home Nursing Service. There are two district midwives and three district nurse midwives under the control of the Superintendent of the Nursing Service and her deputy. All midwives employed have received full training in the use of gas and air analgesia as well as trilene as required by the Central Midwives' Board.

Details of the work carried out during the year are as follows:—

Ante Natal visits	1,312
Confinements conducted	96
Post natal visits (including by pupil midwives)	2,341
Gas and Air Analgesia	1
Trilene	61
Pethidine Administrations	33

(b) Inspection of Midwives:

The Superintendent of the Home Nursing and Midwifery Service acts as non-medical Supervisor of Midwives. Inspection is carried out quarterly as a routine, and more frequently if desired, and a comprehensive report is made to the Medical Officer of Health. The standard of work achieved, the record keeping and general standard of cleanliness were very satisfactory, and no adverse report was received during the year. The midwives attend approved refresher courses organised by the College of Midwives at 5-year intervals in each case.

The number of midwives notifying their intention to practice in the area during 1965 was 49, including 42 in hospital practice (Buchanan Hospital and Fernbank) and 7 in domiciliary practice: all the latter were employed in the Health Authority's Domiciliary Service. Six left during the year.

The total domiciliary midwives on register as at 31.12.65 7

Midwives notifications:

(a) Medical aid	2
(b) Other	1

(c) Place of Confinement:

Analysis of 881 notified confinements of Hastings residents during 1965 shows that 11 % of births occur at home and 89 % in institutions.

Place of Confinement	No. of Cases	Comparable Percentages					
		1965	1964	1963	1962	1961	1960
1. Home	99	11	15	14	15	18	20
2. Private Maternity Nursing Home ..	—	—	—	—	—	—	—
3. Institutional:							
(a) Fernbank Maternity Hosp....	293	33	32	27	30	29	31
(b) Buchanan Hospital	489	56	52	59	55	53	49
Total	881						

SECTION 24

Health Visiting:

The establishment of Health Visitors as at 31.12.65 was as follows:—

- 1 Superintendent Health Visitor
- 1 Deputy Superintendent Health Visitor
- 11 Health Visitor/School Nurses
- 2 Clinic Nurses, S.R.N.
- 2 Trainee Health Visitors (*not filled*)

The health visitors all hold joint appointments as school nurse as part of the integration of the school health service with the health service: each carries out a full range of duties, including important functions under the Mental Health Act and National Assistance Act in the care of old people. Many also attend hospital departments (paediatric, geriatric, orthopaedic, diabetic, antenatal etc.) to form an effective liaison between hospital and community services. One is responsible for home care, contact tracing etc. in tuberculosis and attends certain sessions at the Chest Clinic with the Consultant Chest Physician, under whose direction this part of the work is carried out.

Close liaison is kept between the health visitors and other sections of the department, Welfare and Mental Health Officers, Home Help Organiser, Home Nursing Superintendent and Public Health Inspectors, whilst constant contact is maintained with the officers of the many local voluntary organisations concerned with health and welfare.

Every fifth year each health visitor attends a refresher course, usually of two weeks, more often than not the subject matter being designed around a specific theme or recent developments affecting health visiting. In addition to the value of the set course, much useful exchange of view, experiences and ideas takes place with colleagues and as a net result, the other health visitors on the staff receive considerable stimulus when the distillate of this knowledge is discussed between them at their regular section meetings.

Regarding the attachment of health visitors to general practitioners, I wrote in the past two annual reports of our experience over the last three years or so with such attachments in almost lyrical terms. The doctors all agreed that the attached health visitor is of great value and assistance to them in their practice of medicine, whilst the health visitors found stimulation and increased satisfaction in their work. I still remain convinced that 100% attachment should remain our target, but further experience and analysis have shown that there is also a debit side: in a comparatively small town where most doctors practices cover most or all of the area, the attached health visitor has much more travelling to do and has many more “abortive” visits; she may have travelled two or three miles to a specific visit only to find the family out, and perhaps there are no other of the practice patients in that immediate vicinity who require a visit. There is thus a waste of valuable time compared with “district” health visiting, where alternative visits are easily made on the spot. There is a further advantage in “district” health visiting, as the whole road knows “our health visitor” and on leaving a house she is quite likely to be asked for advice by neighbours or told by them of someone nearby who would welcome a visit because of difficulties.

In brief then, attachment is only economically practicable when there is a plentiful supply of staff and the loss of time through travelling and abortive visits can be tolerated. Early in 1966, the increasing shortage of staff forced us to abandon the attachment scheme, I hope only temporarily, and revert to geographical “district” visiting. Nevertheless, very considerable use is being made by general practitioners of the district health visitors.

Work of Health Visitors:

1.	First visits under 1 year	..	..	941	(890)
2.	Subsequent visits under 1 year	..	..	3,184	(3,621)
3.	Visits 1—2 years	..	..	2,622	(3,261)
4.	„ 2—5 years	..	..	5,435	(7,156)
5.	Visits to expectant mothers	..	..	280	(372)
6.	Care and After-care—National Health Service Act			3,421	(3,401)
7.	Handicapped Persons, etc.—				
	National Assistance Act	..		155	(171)
8.	All other visits	..	..	248	(207)
				16,286	(19,079)
9.	Tuberculous Households	..	..	344	(388)

Mrs. M. Masters, Superintendent Health Visitor, comments as follows:—

During the last six months of the year, the Health Visiting Service has been handicapped by a shortage of staff, coupled with increasing demands for the health visitors skill. At certain periods the existing staff could only deal with regular commitments, problems and urgent cases, this meant that the essential work of prevention, which is the essence of the health visitors work, has at times been neglected. In spite of difficulties the year has not been without new developments, while maintaining the existing service and in some cases extending the health visitors work for a particular section of the community.

In February, regular Hearing Clinics for pre school children were established at Ore Clinic and Arthur Blackman Clinic. A letter is sent to the parents of all babies when they are eight months, inviting attendance at the clinic for a hearing test, toddlers are also encouraged to attend. A number of health visitors have now had experience and training for this work, with the following results:—

Total number of children tested	..	..	262
Distraction tests	..	..	233
Co-operation tests	..	..	29
<i>Defects:</i> 2 babies born in 1965 (distraction tests)			
	2 toddlers 1 born in 1961	} (co-operation tests).	
	1 „ „ 1964		

The attachment of one health visitor to a group of general practitioners has continued, another health visitor was attached to two general practitioners with a view to extending the scheme, both attachments have now been discontinued.

In addition to the established parentcraft classes at the Buchanan Hospital and Ore Clinic, there are now talks designed to meet the needs of mothers of young children, mothers have an opportunity to discuss subjects relating to their health and welfare and that of their children under the guidance of the health visitor at the clinic, while their small children play together enjoying the opportunity for companionship and creative play.

A test for phenylketonuria was carried out on 95% of the babies born and living in the Borough during the fourth week of life, no cases of phenylketonuria have been discovered since testing started in 1960.

Holy Trinity Parish Hall was no longer available for use as an Infant Welfare Clinic on Tuesday afternoon, the clinic was therefore transferred to Mount Pleasant Congregational Hall in September as it was felt that this hall would be convenient for the mothers in the area and especially would it help those living on the new housing estates near by, this soon proved to be a popular position.

Six extra immunisation sessions have now been arranged each year to offer "booster" injections against diphtheria and tetanus to pre school children, parents of immunised children receive notification that a booster is due, this ensures that the level of immunity to certain diseases is maintained during early school years.

We were very grateful to Dr. Elwell, Mrs. Heslop and Miss Logg who kindly gave a series of talks on the work of the Child Guidance Clinic, each followed by an opportunity to discuss certain aspects which had a bearing on the health visitors' work.

A number of Hastings residents agreed to take part in three national surveys—The National Survey of Health and Development, National Child Development Study, and a Survey of Diet and Dental Caries in Young Children, the health visitors interviewed the people concerned and completed a detailed questionnaire.

In 1962 health visitors visited 1,577 elderly people, this work of assessment and supervision of the elderly with health and social problems has increased steadily, this year the health visitors visited 3,201 elderly residents. Each month brings a steady stream of new cases in need of the health visiting service, 51% of these are referred by the hospitals and general practitioners. Visits are frequently prolonged and there is often an urgent need to contact other workers in order to give the person concerned the full benefit of the statutory and voluntary services which exist for the welfare of the elderly.

SECTION 25

Home Nursing:

The Council provide a directly run nursing service for those people who require any form of nursing attention in their own homes. The administration, and to a point, the staffing, is conjoint with the scheme for provision of facilities for domiciliary midwifery. The whole service is affiliated to the Queen’s Institute of District Nursing.

The staff as at 31.12.65 was as follows:—

- Superintendent
- Deputy Superintendent
- 2 Midwives
- 3 Home Nurse/Midwives
- 10 Home Nurses (S.R.N.) full time
- 2 Home Nurses (S.E.N.) full time
- 2 Home Nurses (S.E.N.) part time.

Six cars are provided by the Council for the nurses’ use, and many of the staff use their own cars, bubble cars or scooters with a lump sum car allowance, to the extent that adequate transport is available for all who are able to drive. Several nurses have taken advantage of the car loan scheme run by the Council to purchase new cars. Where necessary, a course of driving tuition is provided by the Council.

Work Undertaken:

	Medical	Surgical	Total
Cases on Register 1/1/1965	517	41	558
New cases during year	894	117	1,011
Cases on Register 1/1/1966	498	40	538
No. of nursing visits	50,670		
Articles on loan during the year	305		

The number of attendances is shown by the following figures:

	1959	1960	1961	1962	1963	1964	1965
New cases during year...	1,287	1,268	1,231	1,090	1,110	1,014	1,011
Total attendances ..	60,524	59,091	61,388	61,963	57,581	57,557	50,670

The elderly and infirm need not only more visits over a longer period than do more acute medical or surgical cases, but the semi-nursing care they need tends to lengthen the time spent during each visit as well. Much of this type of work does not require the skills of a trained S.R.N., but can adequately be carried out by State Enrolled nurses or even unqualified attendants as used in Old People's Homes. The establishment was amended so as to provide a number of unqualified geriatric attendants during 1965 so as to meet this situation, but was not implemented because of the economic situation.

As previously noted, many of the longterm aged infirm cases also prove to be welfare problems, requiring the full use of the supporting services such as home helps, meals-on-wheels and visiting by health visitors or welfare officers, involving also other statutory bodies such as the National Assistance Board or voluntary bodies such as W.V.S. or the Old People's Welfare Committee. The policy must be to prop up these old people at home by every conceivable means as long as possible, this not only being humane and in keeping with the wishes of the vast majority of the aged, but the most economic value to the community in terms of hard cash.

The service is also backed up by a good range of nursing requisites such as Dunlopillo mattresses, back rests and air rings etc., which are loaned out free or for a small charge as circumstances dictate: this can be supplemented by other equipment from the welfare section as necessary.

SECTION 26

Vaccination and Immunisation:

As in previous years, vaccination against smallpox was carried out with very few exceptions by the general practitioners of the borough, Immunisation against diphtheria and poliomyelitis was, on the other hand, largely carried out at the clinics of the local authority, although practitioners are tending to do more than in the past.

Smallpox Vaccination 1965:

Number of Persons Vaccinated (or re-vaccinated).

Age at date of Vaccination	Under 1	1 to 2	2 to 4	5 to 14	15 or over	Total
Number Vaccinated	27	241	96	30	4	398
Number re-Vaccinated	—	—	4	49	7	60

In 458 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

Ministry of Health compute that the percentage of children vaccinated in 1965 and who were under 2 years old at the time, calculated as a percentage of children born in 1964 ("this gives a reasonable estimate of the proportion of young children being vaccinated against smallpox") was 30 (c.f. England and Wales 33).

Diphtheria Immunisation, 1965:

The following table gives the number of children in the Local Health Authority area on 31st December, 1965, who have completed a course of diphtheria immunisation at any time between 1st January, 1951, and 31st December, 1965.

Age on 31.12.65 i.e., Born in year	Under 1 1965	1-4 1961-1964	5-9 1956-1960	10-14 1951-1955	Under 15 TOTAL
A. Number of children whose last course (primary or booster) was completed in the period 1961-1965	356	4,141	1,737	494	6,728
B. Number of children whose last course (primary or booster) was completed in the period 1960 or earlier ...	—	—	1,413	2,046	3,459

The following table gives the number of children who have completed a full course of Primary Immunisation, or have received a “Booster” Injection during 1965.

	Children born in years :							Total
	1965	1964	1963	1962	1961	1956 -60	1951 -55	
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) during 1965	356	330	21	9	4	14	1	735
B. Number of children who received a secondary (Reinforcing) injection (i.e., subsequently to primary immunisation at an earlier age) during 1965 ...	—	226	241	24	97	201	2	791

Whooping Cough Vaccination:

Protection against whooping cough, which is one of the most troublesome and dangerous of childhood diseases, continued with both single antigen and in combination given both by general practitioners and in the authority's clinics. The number of children of all ages protected during 1965 against whooping cough was:—

Age.	0—4	5—14	Total
No. completed immunizations	716	19	735

Primary Immunization:

In December 1960, the Council agreed to extend their immunization programme to include protection against tetanus ("lock-jaw").

During 1962 triple antigen, which simultaneously protects against diphtheria, whooping cough and tetanus, came into use in the authority's clinics as the standard immunizing agent for the primary protection of all children under five. In the year, 735 children completed their full course of primary immunization, 509 at our clinics and 226 by general practitioners. These figures are included in the tables for diphtheria immunization and whooping cough vaccination given above.

Booster injections to the over fives are given at present with single or double antigens as whooping cough vaccine tends to cause local reactions in the older schoolchild; in any case, the severe effects of whooping cough itself are maximal in the first four years of life and tail off quite sharply during schooldays.

Poliomyelitis Vaccination:

The numbers who received polio protection during 1965 were as follows:—

Completed Primary Course	Type of Vaccine or Dose	Year of Birth					Others Under Age 16	TOTAL
		1965	1964	1963	1962	1958-61		
Clinics	Sabin (Oral)	67	352	56	31	43	16	565
Pte. Doctors	Sabin (Oral)	58	169	19	14	13	9	282
Pte. Doctors	Salk (Injec.)	—	1	—	—	—	—	1
TOTALS		125	522	75	45	56	25	848
Re-Inforcing Doses								
Clinics	Sabin (Oral)	—	—	—	1	466	8	475
Pte. Doctors	Sabin (Oral)	—	2	4	1	104	9	120
TOTALS		—	2	4	2	570	17	595

Ministry of Health computation of percentages of children born in 1964 who have been vaccinated at any time:—

Whooping cough	83 (c.f. England and Wales 70)
Diphtheria	83 („ „ „ „ 71)
Poliomyelitis	71 („ „ „ „ 65)

B.C.G. Vaccination:

The routine tuberculin testing of school children of 13 plus years of age was continued, the negative reactors being offered vaccination with B.C.G. to diminish their chances of infection with tuberculosis. Further details are given in the section on Infectious Disease, page 53.

SECTION 27

Ambulance Service:

The Ambulance Service is carried out by the Hastings Corps of the St. John Ambulance Brigade as agents of the Council, covering the borough area and by arrangement with the East Sussex County Council a part of the country immediately around Hastings.

Mr. G. Plummer, Corps Superintendent and Ambulance Officer, reports as follows:—

I have the honour to present the Annual Report of the Ambulance Officer for the year 1965. The report outlines the general work and the statistics show a progressive increase in demand throughout the year, which has resulted in an increase of 5% of patients carried and a 7½% rise in mileage covered, but with a closer co-ordination of arrangements it has been possible to reduce the total number of journeys made by 91.

The introduction of the Day Hospital, at St. Helen's in July, soon created a demand which it was physically impossible to meet with existing resources of staff and vehicles without considerably disrupting the service to other hospital departments, and it was found necessary to limit the daily load of geriatric patients to 16, pending the supply of the 20 seater vehicle recommended to cope with the Day Hospital demands. The general increase in demands have meant that a considerable amount of overtime has had to be worked in order to return patients to their homes after attendance at the various Out-Patient Departments, and when frequently we have a spate of emergencies some delays are inevitable.

The wives of the Drivers have again given very valuable assistance in manning the telephone at night and week-ends, and I am pleased to know that they are to be relieved of these ever increasing responsibilities in 1966, following their previous requests for this to be done, and I would like to record my deep appreciation of this most valuable service which these ladies have given voluntarily since 1948. Following discussion with the Establishment Officer, the drivers have accepted the suggestion that they undertake these duties for additional payment, and I am somewhat concerned lest this extra duty added to an already heavy workload will adversely effect the general health of members of the staff, as there are already signs of this happening, and a close watch on this must be kept to ensure that a breakdown does not occur.

I wish again to draw attention to the lack of suitable accommodation at Phoenix Hall, both from an operational and administrative point of view, and whilst this was quite adequate in 1948 the continued growth of the Service in both manpower and vehicles has now made this totally inadequate and unsuitable, and with the vehicle parking situation becoming more acute, the task of vehicle cleaning on the highway has become a positive danger to members of the staff, and this matter is I understand being discussed by the staff with their Union. I would therefore urge that urgent consideration should be given to the provision of new and suitable Headquarters in the earliest possible time.

With the increase in staff I feel that it is now necessary to appoint two Leading Drivers to assist with the general supervision of the daily work, both on and off the Station, and I have accordingly requested permission to make these appointments, and which I trust will receive sympathetic consideration.

Our representatives in the Regional and National Final Competitions organised by the National Association of Ambulance Officers, achieved great successes in winning the Regional Competition, held in Battersea Park, London, in June, and gaining the "WADHAM TROPHY", and again at the National Finals held at the Rover Works, Solihull, Birmingham, on October 31st, where W. Kimber, gained highest marks in the Individual Competition winning the "NALDRETT CUP", but was unfortunate to sustain a back injury whilst assisting Driver A. Poile in the Road Accident Test. This undoubtedly robbed them of a possible overall win, nevertheless a most creditable performance was put up by both.

The Annual Conference of the National Association of Ambulance Officers, was held at Eastbourne, 12th-15th October, and this provided an opportunity once again to thoroughly discuss the daily problems arising in operating the Service, with ones colleagues from all parts of the British Isles, and this is invaluable. In addition some very interesting and instructional Papers were given, and I would like to tender my thanks to the Chairman, and members of the Health Services Committee, and to you Sir, for enabling me to attend.

In conclusion I wish to thank you Sir, and members of your staff for the kind help and co-operation received during what has been a very busy and trying year.

Cases carried during 1965:

1965	No. of vehicles at 31st December 1965	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Ambs. (major) ..	5	10,422	43,761	197,021
Ambs. (minor) ...	8			
Saloon Car ...	1			
M.H.C. Vehicle	1			

ANALYSIS OF CASES CARRIED MONTHLY.

1965	AMBULANCES			SITTING CASE CARS		
	No. of cases	Journeys	Mileage	No. of cases	Journeys	Mileage
January ..	939	496	5,182	2,416	288	8,723
February	730	397	5,137	2,409	296	7,772
March ..	952	471	5,812	2,734	339	9,485
April ...	1,034	429	5,573	2,298	292	7,862
May ...	1,017	462	6,372	2,426	323	8,795
June ...	1,027	511	6,414	2,671	345	9,791
July ...	959	516	7,990	2,879	336	8,486
August ...	997	487	6,737	2,708	343	9,922
September	1,079	490	6,627	2,441	338	10,611
October ...	1,006	424	9,606	2,612	342	6,287
November	1,025	461	7,320	2,694	334	8,834
December	1,001	457	5,378	2,574	279	9,625
	11,766	5,601	78,148	30,862	3,855	106,193

COMPARATIVE FIGURES ARE AS FOLLOWS:—

Year	Cases by		Mileage by	
	Amb.	Car	Amb.	Car
1955	9,961	9,136	58,722	59,712
1956	9,353	9,493	57,857	56,528
1957	9,511	9,732	61,157	51,149
1958	10,898	10,209	67,411	54,393
1959	12,675	10,773	72,425	51,595
1960	10,271	16,485	82,187	57,274
1961	9,051	23,676	78,001	71,979
1962	9,010	27,513	72,481	75,713
1963	11,564	28,839	73,951	87,594
1964	10,965	29,515	71,239	94,573
1965	11,766	30,862	78,148	106,193

Work done for East Sussex County Council.

1965	AMBULANCES			SITTING CASE CARS		
	No. of cases	Journeys	Mileage	No. of cases	Journeys	Mileage
January ...	51	50	608	63	53	599
February ...	37	35	645	22	13	298
March ...	61	56	729	24	24	284
April ...	52	46	641	45	37	495
May ...	41	35	519	28	25	350
June ...	57	49	659	41	30	357
July ...	57	46	746	44	38	439
August ...	60	48	568	43	33	532
September ...	44	41	448	39	34	354
October ...	66	55	676	44	38	585
November ...	70	53	685	43	37	488
December ...	56	48	531	45	42	444
	652	562	7,455	481	404	5,225

Staff at 31.12.65:

1 Ambulance Officer	1 Deputy Ambulance Officer
2 Clerk/Telephonists	19 Driver/Attendants
1 Mechanic	1 Driver/Mechanic

SECTION 28

Prevention of Illness, Care and After-care:

(a) Tuberculosis:

Measures taken in the prevention of spread of tuberculosis, e.g. Mass X-ray, contact tracing, B.C.G. vaccination, are dealt with in the sub-section on this disease in Section 5, Infectious Diseases. One health visitor attends sessions with the Consultant Chest Physician at the Chest Clinic, carries out on his instructions any necessary supervision of home treatment, traces contacts and arranges for their examination and so on. Some cases of chronic non-infective tubercle are supervised by the remaining district health visitors to spread the load.

Most necessities for the tubercular patient are available to them from various statutory bodies, in particular through the supplements granted by the National Assistance Board; the Hastings Care Committee (Chest Diseases) is occasionally able to help cases in ways outside the authority of statutory schemes.

(b) Diabetes

A Health Visitor attends the Hospital Diabetic Clinic, assisting there generally, receives instructions from the Consultant Physician, and where necessary carries out home visits to the patients to assist with insulin treatment, diet and avoidance of complications, in addition to general help and advice expected from a health visitor.

(c) Orthopaedic.

A Health Visitor is in close touch with and attends the orthopaedic clinic, and is advised by the almoner of all cases needing special attention at school, defaulters, follow-up of home exercises, etc. This scheme is expanding to cover all persons suffering from crippling, and orthopaedic defects. Extremely close contact has been established between the Department and the newly formed Hastings Association for the Disabled: further comment is made in Section IV.

(d) Paediatric.

A Health Visitor attends the hospital outpatient clinic held by the Consultant Paediatrician and is able to provide a useful means of liaison with the general health services of the Council and the School Health Service.

(e) Health Education.

In the autumn of 1963, the Council seconded Health Visitor Miss V. J. Fletcher to attend the London University course for the Diploma in Health Education: she returned in the summer of 1964 devoting part of her time to health education until she assumed the appointment of full time Health Education Officer in April 1965. Her terms of reference are to plan, prepare and assemble the necessary materials and equipment for a greatly expanded service, to co-ordinate the individual efforts of other staff members and to assist them with expert advice and suitable display aids.

Health Education has been continued on a wide variety of topics in the clinics and to voluntary organisations, whilst increasing work is being done with school groups. The "Child Care" course given to the girls at Woodlands School has proved popular and successful.

Miss V. J. Fletcher, Health Education Officer, reports:—

The work of Health Education has expanded slowly but steadily during the last year. It is of necessity a rather slow, gradual process, partly due to the curtailment of finances and partly due to shortage of staff in other sections.

The production of small displays for the clinics was continued as also was the work of assisting other members of the health team with teaching projects.

Teaching on a wide range of health topics was continued at the Senior Girls' Schools and a course on nutrition, incorporating the teaching on general health subjects was given at the Catering College.

An attempt is being made to interest all the schools in a uniform Health Education programme. Progress is being made.

During the year talks and film shows were given to many associations and clubs in the town.

(f) "At Risk" register.

Certain children are more than normally liable to be born with congenital abnormalities or to have an increased chance of developing a handicap in the early years of life. This liability occurs either when there is a familial tendency or when certain events happen during the antenatal, natal and early postnatal periods. Arrangements have been made with the hospital obstetric unit and with the home midwives for the necessary information to be given in confidence to the department, and appropriate cases are placed on the register.

A register as such is of value only if active use is made of it: the children concerned are selectively seen more often and in more detailed testing than those who are not so liable to handicap, the health visitors paying particular attention to the milestones of physical and mental development and to the early assessment of hearing defects.

Congenital Defects.

The slow unfolding of the “thalidomide baby” tragedy highlighted the need for more speedy and accurate knowledge of the occurrence of congenital defects in newly born children than was at the time available. A national scheme was drawn up by the Ministry of Health whereby periodic returns are made by medical officers of health showing the numbers and types of these defects in each area. These returns started at the beginning of 1964. Arrangements were quickly agreed with the consultants at the obstetric units and with the home midwives whereby the required information is given to the Medical Officer of Health.

During 1965, 13 defects were noted as under:—

Males:	3 Talipes. 1 Spina Bifida. 1 Hare Lip.
Females:	1 Systolic Murmur. 3 Talipes. 1 Spina Bifida. 2 Vascular Defects of Skin. 1 Other Malformation.

(g) General.

Many people in need of help or advice with their particular problems make contact with various members of the departments staff on their own initiative, many more are referred by general practitioners, hospital social workers and other statutory and voluntary agencies, or by other members of the health service and welfare team, for example the home help or home nurse uncovering a problem in the course of routine work in the home. In each case, the appropriate officer, if necessary after case consultation with other staff members involved, makes the necessary investigations into the needs of the person concerned, and the ways in which they can best be met. Often these needs can be met from the services provided by the Council as part of its Health and Welfare functions, sometimes reference is made to voluntary bodies as the Central Aid Council, Old Peoples' Welfare Committee, British Red Cross, etc., or to statutory agencies as the National Assistance Board. There is close co-operation between all the bodies concerned at all levels, and in practice it is rarely necessary to convene a full case conference to achieve results.

SECTION 29

Home Help Service:

The Authority supply the services of a Home Help on receipt of a doctor's certificate or on the recommendation of one of the Health Department Officers to assist in maintaining the normal running of the home in cases of (a) confinement, (b) elderly persons, and (c) whenever illness in the home makes assistance necessary. This service is intended primarily to cover periods of family emergency. In the case of elderly people without help, extended periods of domestic help are given, the alternative being the occupation of a hospital

or Part III bed: many old people prefer to remain among their own possessions, and given this help, they are able to do so to their own benefit and to the financial advantage of the community.

The pattern of previous years of increasing demand for the long term help of old people continues, with the increase in establishment of home helps never keeping pace with the increase of work demanded. The total equivalent of full time helps was increased to 44 during the year: recruitment becomes more and more difficult, so that at times the hours of help have to be severely rationed.

HOME HELP, 1965

No. of cases brought forward from 1964 ...	329
No. of applications received during 1965 ...	375
No. of new applications actually dealt with	229
Total No. of cases provided with help during 1965	558
No. of cases carried forward to 1966 ...	406

No. of Home Helps employed as at 31.12.65: total equivalent of 44 full-time helpers.

The majority are part-time helpers willing to give up to full-time service when required.

The following figures illustrate the growth of the Home Help Service in recent years:—

Year	Total No. of Home Help hours worked
1952	31,877
1953	29,764
1954	37,223
1955	40,105
1956	36,882
1957	41,643
1958	42,750
1959	44,890
1960	45,700
1961	50,557
1962	61,823
1963	72,800
1964	82,044
1965	87,000

The Home Help Organiser, Mrs. R. W. Wallace, reports as follows:—

This past year has been a year of many difficulties both in the administration of the Service and the type of cases to be dealt with. On categorising the 406 cases carried forward to 1966, it was found that:—

200 were aged between 80 and 100 years.

150 " " " 70 " 80 "

56 chronic sick, mentally ill, and temporary cases.

The majority of cases in the 80-100 age group are carried forward each year and will need Home Help until it is not possible to continue to care for them in their own homes, or are admitted to hospital for terminal care. It will be appreciated that these cases are time consuming. Often these aged patients fall over, necessitating a visit to sort out immediate problems. There may have been a disagreement with landlord or neighbour where a little soothing of an irate old lady may not be considered part of a Home Help Organiser's duties, but when one has been caring for their needs for years it is not possible to disregard an appeal for help. There were several cases where an aged patient refused to be washed even though the District Nurse was called in to try to persuade them. I am not happy about this situation, of course one respects a person's right to please themselves what they do in their own homes, but it is not at all pleasant for the Home Helps. In one case the hospital reported that a patient was found to be filthy on admittance. Several hours help daily was going into this case where there was husband and wife to completely care for, who were both in varying degrees of disablement. In my opinion if a person accepts the domiciliary services, they should agree to take normal hygiene precautions and that would include, I would have thought, keeping themselves clean or, if unable to do so should allow either the Home Help or District Nurse to help them.

Staffing problems are now becoming acute. The Home Help who used to be recruited to the service and was prepared to stay for a number of years, is I feel a thing of the past. There are so many other positions that would appear to have a higher status available to the type of women I usually recruit to the Service that I am in constant fear of losing my full time helps. If this service is to continue to function efficiently, the Home Help needs the support of all those she comes into contact with in carrying out her work, i.e. the general practitioner, health visitor, welfare officers, district nurses and voluntary organisations. After all it is the Home Help who is in constant attention on the patient and usually can tell when a crisis is going to arise.

These women may not have high educational qualifications, but she is of average intelligence with a sense of duty and the capacity to cope with day to day problems and emergencies. It is impossible to employ the charwoman type as a Home Help. In desperation I have tried this and the result has been chaos. I close my report with the hope that it may be read by those whose concern it is to care for sick and aged, and that they will realise the many problems there are in successfully administering such a Service.

SECTION III SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER THE MENTAL HEALTH ACT, 1959

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) Care and After-care for Mental Cases:

Outpatient facilities for the diagnosis and treatment of mental illness are provided locally at the Royal East Sussex Hospital: inpatient treatment continues to be at Hellingly Hospital with a small number of beds locally at St. Helens Hospital which function mainly as short term "transit" beds. These latter beds tend to be closed from time to time owing to staff shortages and this causes considerable difficulties. As examples, many patients who do not mind admission locally to a general hospital do object violently to suggested direct admission to a mental hospital, or their relatives do, and the distant location of Hellingly adds a considerable burden in lost time to our mental welfare officers and ambulance service. The effects of these intermittent closures highlight the essential wisdom of the dogma that adequate inpatient facilities should be provided locally in a general hospital in these enlightened days.

A most happy relationship continues to exist between the local authority staff and that of the hospital service. The Senior Mental Welfare Officer attends the local outpatient clinic and works there with the hospital staff: she also visits Hellingly Hospital both for co-ordinating conferences and ward visiting of Hastings cases. The understanding, help and co-operation in every way given to us by the consultants are greatly appreciated.

There has again been an increase in the request for help from patients and families, increasing the number of home visits and interviews at the departments office. Much valuable preventive work results and this is what all concerned are striving for.

Our Occupational Therapist and Home Teacher, Mrs. Lewendon, retired in September and it has not been possible so far to replace her. A third mental welfare officer, Mr. Chapman, was appointed, enabling the secondment of Mr. Ashton to take the Diploma in Social Work two year course and thus preparing to meet the further increase in work expected. The pressure is in fact building up so fast that the Council should consider the appointment of a further mental welfare officer in the year 1967/8.

(b) Mental Illness:

Admissions during year:—To St. Helen's Hospital (Sections 25 and 29)	17
To Hellingly Hospital (Compulsory Admissions)	47
	—
	64
	—

of the 17 patients admitted to St. Helens
10 were transferred to Hellingly
2 „ discharged to Old Persons' Homes
5 „ „ home

During the year, a further 111 patients were referred to this Department for care and after-care.

(c) Mental Subnormality:

During the year 7 new cases were referred to the Local Authority from various sources

„ „ „ 5 cases received short-term care at hospitals for the mentally sub normal.

There are now:—

Under Guardianship Order	..	..	5
„ Friendly Supervision	..	..	131

Of these 136 cases:—

Attend the Training Centre	..	..	37
Receive visits from Home Teacher	..	..	9
(Home Teacher retired in September)			
Visited by Brighton Guardianship Society			4
Boarded out in other Local Authorities area			5
„ „ „ Hastings area	..	..	4

Home Visits:

To patients supervised by Hastings County Borough	..	..	162
Miscellaneous	..	..	144

(d) Psychiatric Cases:

Psychiatric cases referred during 1965 (from mental hospitals general practitioners, psychiatric out-patient and other sources)	111
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Record of Home Visits:

Mental after-care visits	833
Miscellaneous visits	401

Guardianship:

The number of cases under guardianship order continues to decline, the tendency being now to place new cases in the care of the authority's mental welfare officers rather than the Brighton Guardianship Society. The number of cases under friendly supervision continues to rise, this being the intention of the Mental Health Act.

Training:

The Council's Training Centre in Athelstan Road continued to provide occupation and training for subnormal and severely subnormal persons of all ages: 39 attending. In 1964's annual report, comment was made on the changes in concept of training the subnormal and that need for revision of the original plans for this would have to be tackled. This need has been accentuated by the demand for places for younger children which has resulted in a degree of overcrowding.

An amended plan in principle was accepted by the Council in September, 1964 and a sub-committee was set up to finalize the details in consultation with the Hastings and Bexhill branch of the Society for Mentally Handicapped Children.

In May 1965, the Council agreed the new scheme which provides that the existing Athelstan Road Centre should at Easter 1966 become a Training Centre for Juniors only with the addition of new building for a nursery class and special care unit (30 juniors age 8-16, 12 to 15 aged 4-8), together with a residential hostel for juniors: roughly half these places would be available to the East Sussex County Council, under mutual agreement already made.

The displaced "seniors" to be temporarily accommodated as an occupation group in rented premises until 1966/7 when a purpose built sheltered workshop on land at Bembrook Road appropriated from the Housing Committee would be built and come into operation. The plan provides also for a senior occupation group for those incapable of sheltered work and for the inclusion of a Social Centre or Club by the Society.

Unfortunately the difficult local and national economic situation caused deferment of this programme, and further tightening of the national screw has slenderised the chances of making a start on it during 1966/67. In the light of what can be done nowadays to train the mentally handicapped towards being more self-supporting and useful citizens, these repeated deferments render our provision for them more and more obsolete and inadequate.

The co-operation and help given by the Society have again been on a very high level: the minibus provided by them some seven years ago did a mileage of 11,607 during the year in collecting and returning the children between the Centre and their homes.

Homes for Mentally Disordered Persons

No. of homes registered	..	..	..	8
No. of patients for which registered	..	..	..	80

Seven homes are registered for female patients only, and are restricted to the categories, sub-normal or severely sub-normal.

Mental Nursing Homes

No. of homes registered	..	..	..	1
No. of beds ..	..	..	..	10

SECTION IV

SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER THE NATIONAL ASSISTANCE ACT, 1948

SECTION 21

(a) Accommodation for Aged and Infirm:

It is the duty of the local authority to provide “residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention, which is not otherwise available to them”.

Moreton and Little Moreton, opened in 1951-2, provide accommodation for 61 old people, 36 ladies and 25 men, Pine Hill, opened in 1953, provides for a further 42 old people. New Moreton, a 50-place bungalow-type unit designed for the care of the more crippled and infirm old person, was opened in May, 1960. The Homes run smoothly and efficiently, thanks to the Warden, Matrons and staff who are untiring in their efforts. The majority of residents are happy and content, although the occasional aggressive or antisocial character can cause much trouble and distress to others. They look forward to the outings, garden parties, film shows and other events provided for them, and in their absence there is always the radio or television.

Night attendants are now provided in all the Homes, as the residents tend to need more care and attention through increasing physical and mental limitations.

In addition to these direct provisions for the residential care of the elderly, the Council are responsible for the balance of maintenance payments for some 71 old people in voluntary homes in and outside the town. Voluntary Homes in the borough provide a further large number of beds, and these, together with Old People's flatlets and bungalows and the privately owned residential homes registered with the Council cater for over 1,000 old people who require help with their housing and care.

The efforts of the Voluntary Organizations dealing with the care of old people are outstanding and of tremendous value to the town where there are so many people of advanced age.

The new residential home, Mount Denys, 50 beds with provision for admitting some of the elderly confused who cause such problems in others homes, was started during the year and will be completed by the autumn of 1966.

Torfield Close, the flatlet scheme in the Old Town, with resident warden and communal facilities is now also open and occupied.

The local shortage of long stay geriatric beds continues to cause many problems in all types of existing old peoples residential homes. The efforts of the Regional Hospital Board to alleviate this problem have resulted in the opening of a 15 bed unit at the Eversfield Chest Hospital in the summer of 1966, but as the nine beds at Mount Pleasant Hospital were closed at the same time, the net increase is only six. The provision of many more long stay beds remains as urgent and imperative as ever.

(b) Accommodation for Other Groups:

It is the authority's duty to provide “temporary” accommodation for persons in urgent need thereof, it being primarily intended to cover persons temporarily without accommodation as a result of fire, flood or eviction.

The housing of evicted families always presents a considerable problem, and my thanks are extended to the Housing Manager and his department for the able way in which they have tackled it.

(c) Registration of Old Persons' Homes:

Section 37 of the National Assistance Act, 1948, requires that all homes for disabled persons or old persons shall be registered with the local authority (excluding "charity homes"), the object being to ensure that a reasonable standard of accommodation, equipment and care is provided.

No. of Old Persons' Homes registered	..	29
No. of Homes for Disabled Persons registered		1
No. of Homes for Old Persons and Disabled Persons registered	.. .. .	3
No. of beds	.. .. .	641

These Homes are inspected at regular intervals by the Medical Officer of Health, Old People's Warden and Superintendent Health Visitor.

(d) General Services for the Aged:

Considerable attention is paid to the problems of old people in their own homes by both health visitors and welfare officers. There is a good liaison with the Old people's Welfare Committee of the Central Aid Council, and with the hospital "social workers". Home helps and home nurses play an important part in caring for the aged in their own homes, and here the contact is a close one.

The Isabel Blackman (W.V.S.) Club came into use in October 1965, and from the start this purpose-built unit, provided most generously by Miss Isabel Blackman for the welfare of the elderly in the town, has proved a great success. The Club side has a large and thriving membership whilst the modern kitchen has enabled an increase in the number of meals-on-wheels on three days weekly. Negotiations with the W.V.S. are proceeding with a view to further increasing the number of meals and days on which they are served.

Laundry for incontinent old people does not present a major problem, as private laundries have an excellent service for dealing with this. It has not been necessary therefore to start the use of incontinence pads as a welfare supply: it is felt that these should be made available in appropriate cases on medical prescription: further, their use poses increasing problems in disposal.

Welfare Liaison

I much regret to report the sad death of Mrs. Lewis, who laid the foundations of our liaison service with all the other statutory and voluntary bodies concerned in the welfare of the elderly, and welcome her successor Mrs. Bilham.

Mrs. Bilham reports as follows:—

Progress has been made this year in consolidating the network of voluntary help available in all parts of the Borough.

The register of elderly people now stands at 2829. 322 new cases from various sources were added. 154 deaths occurred and a further 372 names were

removed from the list of people who had either entered Old People's Homes or of whom there is no record of their present address.

Progress has also been made with the Good Neighbour Aid Schemes. Hollington Aid is to be enlarged to incorporate the Church-in-the-Wood. An Aid Scheme was started in the Halton Clive Vale area and this is working well. They started a Good Neighbour Coffee Morning and have now forty members. There are limited but useful schemes in St. Leonards Parish, Christchurch Blacklands and Emmanuel Parishes. In all parts of the Borough, help has been speedily given by Church workers of all denominations. Talks were given by the Welfare Liaison Officer to a number of Clubs explaining the help, statutory and voluntary, available. Much interest was shown. A number of needy cases were reported at these meetings and offers of help received which were passed on to the appropriate authority.

There appears to be a growing awareness of the necessity of good-neighbourliness. Youth Clubs were also contacted and arrangements made for members to give emergency help in the winter months. Plans had been made with voluntary organisations that could be put into effect quickly in a severe and prolonged cold spell.

Considerable co-operation was given by the Voluntary Associations and the W.V.S. in particular gave active help and often at very short notice. They also helped the department with lists. Their Meals-on-Wheels often notified the Welfare Liaison Officer of distress they found on their rounds.

At Christmas, the register supplied lists for food parcels and coal to various Clubs and Associations, and also names for Youth Clubs who gave Christmas parties for elderly people. In cases of house-bound people, transport was arranged by the Old Peoples' Welfare Committee, who also gave valuable assistance in many other ways.

The Society of Friends Coffee Club increased its membership and during the winter months was well attended. Most weeks short travel films were shown or talks were given illustrated with slides. These were much appreciated as many of the members are house-bound and were brought to the Club by voluntary transport. The Club took the members on two coach outings for about sixty members during the year.

316 requests for help were received during the year. Apart from the branches of the Health Department, requests were received or help given by the Police Department, the National Assistance Board and the General Post Office. In one instance, an elderly couple from Canada were distressed that their mail was delayed and thought that perhaps it was being delivered to another lady of the same name in the flats. The Postmaster had this looked into without delay and they have had no further trouble. Arrangements have been made with a Radio and Television firm in the town who will supply needy pensioners with a reconditioned T.V. at a much reduced rental. In one instance, a voluntary organisation was able to procure a television set with a year's licence for an elderly severely injured Merchant Seaman.

The Welfare Liaison Officer is most appreciative of all the help, known and unknown, given to the elderly during the past year, such as visiting, supplying transport, shopping and generally being Good Neighbours.

(e) **Chiropody Services:**

For some years the Council has provided a chiropody service for the residents in its own Old People's Homes. For the aged and handicapped in the community, an excellent service both at a central clinic and in their own homes where necessary has been run by the Central Aid Council through its Old People's Welfare Committee, a grant being made by the Council towards the cost of the scheme.

Cases are recommended by doctors, health visitors, welfare officers and visitors, and are most elderly people who cannot afford private chiropody treatment.

512 patients, including 96 new ones, received 2055 treatments at the clinic (311 sessions), whilst 237 including 66 new ones, received 892 domiciliary treatments (174 sessions).

SECTION 29

Welfare Services

The authority have had in operation for some time schemes for the welfare of the various classes of handicapped persons in the town, such as the blind, deaf, dumb, crippled persons, etc.

The schemes are carried out in co-operation with various Voluntary Societies.

1. The Blind:

The Hastings Voluntary Association for the Blind act as the sole agent for the care of blind persons. A register is maintained, a complete welfare scheme operates including home teachers, Braille and Moon lessons, library services, handicraft classes, clubs and socials: a residential home for the Blind, Healey House, is maintained, accommodating 28 blind persons.

The total number of blind persons on the register at the end of 1965 was 331, 113 men and 218 women, and 79 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

- | | | |
|---|----|----|
| (i) No. of persons newly registered as blind during 1965 | .. | 55 |
| (ii) No of persons newly registered as partially sighted 1965 | .. | 18 |
- (iii) Retrolental fibroplasia, a cause of blindness in infants and young children associated with oxygen treatment of prematurity, is a disease which has appeared in considerable degree in the past decade; as soon as its origin (treatment in oxygen apparatus) was recognized, the incidence has fallen markedly. No case of this disease occurred in Hastings in 1965.
- (iv) Ophthalmia Neonatorum, an infective eye condition of new born babies, which used to be a frequent source of early blindness, has been virtually eradicated by venereal disease control, improved ante-natal care and treatment of the new born baby's eyes. No case occurred in 1965.
- (v) Follow up of Registered Blind Persons (1965).

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
1. No. of cases registered in 1965 in respect of which para. 7 (c) of B. D. 8. recommends	10	10	—	35
(a) no treatment ...	5	4	—	19
(b) treatment (med.surg. or optical)	5	6	—	16
2. No. of cases at 1 (b) above which on follow-up action have received treatment	3	4	—	10

Follow up of Partially Sighted Persons, 1965:

5 cataract, 4 being recommended for treatment.
 1 Glaucoma, not recommended for treatment.
 12 “other causes”, 6 recommended for treatment.

2. Deaf:

The Sussex Diocesan Association for the Deaf and Dumb provides a social centre at Stockleigh Road under the care of a local missionary where a full club service is given, together with religious meetings. Home visiting is carried out where necessary and many club outings arranged. The missionary accompanied deaf and dumb people to interviews with doctors, solicitors, employers, hospitals, etc.

The services are provided by the Association acting as agents for the Council, payment being made on a per capita basis.

The Association also looks after a number of Deaf persons and Deaf and Blind persons.

The number of Deaf and Dumb persons registered at the end of 1965 was 33, of Deaf and Blind 9.

The social club for the Hard of Hearing started under voluntary auspices early in 1952 has continued to do excellent work and has opened a second branch.

3. The Disabled:

The Hastings Association for the Disabled, formed towards the end of 1963, had a very successful year. Weekly clubs were held at the Ore and Arthur Blackman Clinics and at the library extension hall, where the disabled can meet for a variety of social activities: transport being provided by volunteer drivers. Difficulties for the disabled in getting in and out of private cars and consequent damage to the vehicles quickly highlighted the need for a special vehicle. A specially designed vehicle with an hydraulic lift to permit easy access of wheelchairs was ordered at a cost of £1400 and came into operation in the spring of 1965. It has proved a great boon already. A visiting service and help

in many ways are given to the disabled, and the Association works closely with the welfare section of the department and with the constituent voluntary organisations in this field. The Local Authority co-operate by allowing the use of their clinic premises and by making a monetary grant.

The number of disabled on the Association's register at 31 March 1966 was 219.

The Hastings Voluntary Committee for the Care of Cripples carried out some welfare work, whilst B.R.C.S. look after ex-service cripples, providing occupational therapy and general assistance. The Spastics and the Multiple Sclerotics have their own local organizations.

In recent years, it has been possible to assist handicapped people more and more by the provision of ramps for wheelchairs, widened doorways, hydraulic and "pull" type hoists, and other forms of gadgetry so as to afford the patient considerably more independence in the home, and this type of work is rapidly expanding, as is the requirement to support handicapped people in specialised residential homes or hostels. This is carried out by the Health Services Committee in the discharge of its welfare functions: the Housing Committee provide for the handicapped as necessary by arranging the necessary ramping, door widening, garage space, etc., in new Council houses or ground floor flats during the course of erection.

4. Epileptics and Spastics:

The true incidence of epilepsy and cerebral palsy in adults in the town is not known, as the department can only assist those who seek its help or who are referred by other organizations. School children suffering from either of these complaints are known to us through the School Health Service, and the health visitors give early information in the case of still younger children.

Advice is given by the health visitors, mental health worker and where indicated by the medical officers, and efforts are made where appropriate to secure suitable employment for adult epileptics and spastics.

The Council in 1951 approved welfare schemes covering all classes of handicapped persons. It has been possible for the health visitors, welfare officers and mental welfare officers to contact a number of these and to give them help mainly by advice and putting them in touch with various voluntary agencies. The Mental Welfare Officer has assisted a number of mentally handicapped people after discharge from hospital treatment, and dealt with several epileptics.

SECTION 47

Removal to suitable premises of persons in need of care and attention:

This section provides that on the representation of the Medical Officer of Health to the Local Health Authority, and from them to the Court of Summary Jurisdiction, any person who is found to be suffering from:

- (a) grave chronic disease, or being aged, infirm or physically incapacitated, is living in insanitary conditions, and
- (b) is unable to devote to himself and is not receiving from others proper care and attention,

the person may be removed by an Order of the Court to a suitable hospital.

Several cases suitable for action under this section were persuaded to enter hospital voluntarily, or the aid of relatives or voluntary organizations enlisted to ameliorate bad home neglect with good results.

No action was taken during the year.

SECTION 48

Duty of Council to provide Temporary Protection for Property of Persons admitted to Hospitals, etc.

During the past year it has been necessary to take steps under this Section for the protection of property, etc., in 23 cases.

SECTION 50

Burial or Cremation of the Dead:

Funeral arrangements were made by the Department at the expense of the Local Authority during 1965 for 11 deceased persons, mainly aged but including one baby and an adult female sub-normal person who had been under the care of the Guardianship Society.

SECTION V
INFECTIOUS DISEASES

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1965.

NOTIFIABLE DISEASES.	1964	NUMBER OF CASES NOTIFIED.																	Deaths.	Total cases removed to Hospital.
		At all ages.	At ages—Years.																	
			0	1	2	3	4	5	10	15	20	35	45	65 & upds.						
Small Pox ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Group) ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas...	(...)	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	(6)	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever ...	(3)	...	...	...	1	...	...	...	...	...	...	...	...	...	...	4	5	...
Typhoid Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia ...	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infections	(...)	5	...	...	...	...	...	...	...	...	...	...	2	3	...	...	...	4
Poliomyelitis ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenzal Pneumonia	(11)	7	...	...	...	...	...	...	...	...	...	...	1	...	...	...	5	...
Malaria ...	(1)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Dysentery ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning...	(...)	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Measles ...	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	(53)	699	27	67	88	72	103	309	22	8	3	...	...	...	...	...	...	1
...	(+6)	52	3	7	6	8	6	16	6	...	...	...	...	...	...	...	...	...
Totals ...	(622)	785	30	74	95	80	110	332	28	12	6	1	5	12	—	...	...	6

Remarks:

- (a) **Scarlet Fever:** 10 cases of scarlet fever, all of a mild type, were notified during the year, none being admitted to hospital. The disease continues to be mild in form with few complications.
- (b) **Diphtheria:** For the sixteenth consecutive year no case of diphtheria occurred in the town.
- (c) **Anterior Poliomyelitis:** No case of polio occurred in 1965: the last notified diagnosed case of this disease was in January 1958.
- (d) **Measles:** 699 cases were notified against 553 in 1964.

Disinfection and Disinfestation:

2 families were cleansed for scabies. Arrangements are available to bath and treat both children and adults at the two main clinics if so requested by a general practitioner.

Body Vermin (pediculosis corporis) are occasionally found. Disinfestation of clothing and articles, together with the bulk of disinfection in connection with notifiable infectious disease, is carried out at the steam disinfector at St. Helen's Hospital by arrangement with the Hospital Management Committee, the Corporation providing the services of the operator.

Articles disinfected	890	No. of individuals cleansed	
Rooms, disinfected		for vermin	Nil
and disinfested	203		

Isolation Hospital:

Mount Pleasant Hospital (Infectious Diseases) is under the control of the Regional Hospital Board. The Medical Officer of Health and Deputy act as Medical Superintendents in charge of Infectious Disease cases: this most satisfactory arrangement ensures complete and unified control in Hastings of investigation, treatment and prevention of these diseases.

One block providing a maximum of 18 beds is available for Infectious Disease cases.

The Hospital serves the County Borough of Hastings, Boroughs of Bexhill and Rye, and the Battle Rural District, the total population served being over 130,000: in addition, a number of cases are admitted from the Tunbridge Wells area, and holiday visitors who develop infectious diseases further increase the problem.

During the year 59 cases of notifiable and non-notifiable disease were admitted.

TUBERCULOSIS

(a) New Cases and Mortality:

The number of notifications received during the year of newly ascertained cases of tuberculosis and the number of deaths due to tuberculosis are shown in the following table:—

Age Period	New Cases Notified				Deaths from Tuberculosis			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year ...	...	...	...	...	...	...	...	...
1—2 years ..	...	...	...	...	...	...	...	...
2—5 „ ...	...	...	...	...	...	...	...	...
5—10 „ ...	...	...	...	...	...	...	...	...
10—15 „ ...	...	1	...	...	...	...	...	...
15—20 „ ...	...	1	...	...	...	...	...	...
20—25 „ ...	...	1	...	1	...	...	...	...
25—35 „ ...	1	1	2	...	...	...	...	...
35—45 „ ...	...	3	...	1	...	...	...	...
45—55 „ ..	1	1	...	...	2	...	...	...
55—65 „ ...	2	...	...	...	1	...	...	...
65—75 „ ...	3	1	1	...	1	...	1	...
75 upwards ..	2	...	...	...	1	...	...	...
Totals ...	9	9	3	2	5	—	1	—
Grand Totals	23 (11)				6 (4)			

For the purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 50 years:—

Year	No. of deaths Pulmonary Tuberculosis	No. of deaths Non- pulmonary Tuberculosis	Total	Death rate from Tuberculosis per 1,000
1915-1919	73	18	91	1.7
1920-1924	60	15	75	1.25
1925-1929	57	10	67	1.1
1930-1934	43	6	49	.79
1935-1939	48	4	52	.81
1940-1944	38	4	42	1.04
1945-1949	29	2	31	.51
1950 ...	20	1	21	.31
1951 ...	17	...	17	.26
1952 ...	10	1	11	.17
1953 ...	12	3	15	.23
1954 ...	9	2	11	.17
1955 ...	14	2	16	.24
1956 ...	15	1	16	.24
1957 ...	6	2	8	.12
1958 ...	7	1	8	.12
1959 ...	7	1	8	.12
1960 ...	8	...	8	.12
1961 ...	7	...	7	.10
1962 ...	6	2	8	.10
1963 ...	10	1	11	.16
1964 ...	3	1	4	.059
1965 ...	5	1	6	.09

(b) Treatment of Tuberculosis:

The Regional Hospital Board are responsible for treatment of the disease. The Chest Clinic held at the Eversfield Chest Hospital is the focal point for investigation and treatment and for the surveillance of contacts.

Close liaison exists between the Health Department and the Chest Clinic: the department provides a health visitor to be present at the clinic sessions and to carry out all the tuberculosis home visiting and ascertainment and follow-up of contacts.

I am indebted to the Chest Physician for the following figures:—

No. of new cases seen for investigation	..	339
(Males 173, Females 136, Children 30)		
No. of contacts examined	..	153
(Males 13, Females 53, Children 87)		
Total attendances of all cases	..	4,133

(c) Prevention of Tuberculosis:

B.C.G. protective vaccination against tuberculosis of Mantoux negative contacts of known cases and members of nursing staffs was continued.

Contacts 0-5 years (Males 24, Females 21)	..	45
5-15 „ (Males 10, Females 10)	..	20
Adult nurses	..	25
Other adults	..	8
Re-vaccination	..	—
New-born babies not Mantoux tested	..	10
		108

B.C.G. vaccination of Mantoux negative school children of ages 12 plus, started in the autumn of 1955 is an established procedure.

Children whose parents accept the invitation are Mantoux tested in the schools: the negative reactors are vaccinated two days later. Positive reactors are offered a full examination and chest x-ray by the Chest Consultant, and all members of the family are also invited to attend.

	No. of children Mantoux tested	% Acceptance of testing	No. Mantoux negative	% Mantoux negative	No. B.C.G. vaccinated
1965	736	88·8	630	85·5	613

Acceptance of the offer of Mantoux testing and B.C.G. vaccination has been very good indeed, and it is pleasing also to note the comparatively small number of children found to be Mantoux positive at 12 plus, a proof that they are much less exposed to tuberculosis infection than in the not so distant past.

(d) After-care of Tuberculosis Cases:

The Hastings Voluntary Tuberculosis Care Committee, formed in 1918, is comprised of voluntary workers, with Council members, under the Chairmanship of the Medical Officer of Health, and is subsidised by the Local Health Authority. Previous reference has been made to its reorganization and new title, Hastings Care Committee (Chest Diseases).

VENEREAL DISEASE

I am indebted to the Medical Officer in charge of the Venereal Disease Clinic at the Royal East Sussex Hospital for the following figures of cases treated during the year (Hastings cases only).

New cases of syphilis ...	...	...	1
New cases of gonorrhœa ...	...	...	2
Other conditions ...	...	...	52
			—
Total ...	...	...	55
			—

PUBLIC HEALTH BACTERIOLOGICAL WORK

All Public Health specimens, in particular, samples of milk, ice cream, water and swimming bath water, are dealt with at the branch laboratory of the Central Public Health Laboratory at Brighton.

SECTION VI MISCELLANEOUS

1. **Registration of Nursing Homes** (Public Health Act, 1936, Section 187).

Inspection and supervision of Nursing Homes is carried out by the Medical Officer of Health and deputy to ensure adequate and suitable accommodation, nursing and general care. The Superintendent Health Visitor also visits to advise the Medical Officer of Health on the nursing standard provided.

No. of Nursing Homes registered	..	..	19
Beds available—Maternity	..	..	Nil
General	..	..	419

The Conduct of Nursing Homes Regulations, 1963, made under the Nursing Homes Act 1963, prescribe a standard of staffing, accommodation, equipment and running. Defaults can now be dealt with by the local Health Authority by notice followed if necessary by prosecution, whereas previously the only remedy open was cancellation of registration.

2. **Nurseries and Child Minders Regulation Act, 1948:**

This act required registration of

- (a) premises (“day nurseries”) where children are received to be looked after for the day or for longer periods less than six days.
- (b) persons (“day minders”) who for reward receive children under the age of five for a similar period.

Residential nurseries and foster parents are excluded from this Act, the necessary supervision being provided under the Children’s Act.

- 1 Day Nursery registered for 50 children.
- 2 Pre-School Play Groups for 36 children, and
- 1 Child Minder for 6 children.

Twenty-five visits were made by the Superintendent Health Visitor and standards remained consistently good Eleven further visits were made to persons who did not proceed with their applications for registration.

3. **Medical Examinations:**

The following medical examinations were carried out by the Medical Staff of the Department during the year:—

Sick Pay Scheme examinations	..	..	109
Staff medical examinations (including x-ray)	..	..	160
Teachers, etc., examined ( „ „ )	..	..	85
Firemen examined	..	..	13
			Total: 367 (889)
X-Ray examinations only	..	..	80

4. **Children’s Welfare Committee:**

The Children’s Welfare Committee, set up under the Chairmanship of the Medical Officer of Health in 1951 in accordance with Circular 78/50, met as necessary to discuss ways and means of helping problem families.

SECTION VII

GENERAL SANITARY ADMINISTRATION

(A) Water Supply

The Borough Water Engineer, Mr. D. J. Walker reports as follows:—

1. Area of Supply:

The statutory area of supply is approximately 64 square miles, comprising the whole of the County Borough of Hastings, the Borough of Rye and parts of the Rural District of Battle, which includes a large rural area extending beyond Rye to the east and Broad Oak to the north.

The population of the area served is 80,000 in winter, increasing to about 120,000 in the summer. The average daily consumption of water is 3.60 million gallons a day with a maximum daily consumption of 4.8 million gallons during the summer season.

2. Sources of Supply:

The Water Undertaking derives its supplies from two reservoired catchment areas at Darwell and Powdermill, and also from deep wells and boreholes in the Ashdown Sand, the latter now being maintained as reserve supplies.

The largest impounding reservoir situated at Darwell, near Mountfield, has a capacity of 1,000 million gallons, and impounds water from a drainage area of 2,382 acres.

Powdermill impounding reservoir at Great Sanders, Sedlescombe, with a drainage area of 1,213 acres, has a capacity of 188.5 million gallons.

The total consumption of water during the past year was 1,319,757,000 gallons, of which 1,221,274,000 gallons was supplied from the impounding reservoirs and 98,483,000 gallons from the underground sources of supply.

3. Quality of Water:

All raw water from the impounding reservoirs is conveyed by pipeline to the Brede Valley Pumping Station, where it receives chemical treatment, sedimentation and filtration, and as an additional safeguard the water is sterilised by the addition of chlorine before being pumped to supply.

Chemical and bacteriological examinations of the water are made at frequent intervals, the results consistently indicating that the water is fairly soft in character, contains no excess of salinity or mineral constituents and is of excellent organic and bacterial purity.

Information incorporated below in connection with the queries of the Ministry of Housing and Local Government.

(a) The Undertaking's supply has been maintained at the usual high standard of purity during the period of 1965, and in addition there has been no shortage of water at any period of the year.

(b) All supplies are piped. Routine samples for both bacteriological and chemical examinations of the raw water have been made at irregular intervals. All water in domestic use was adequately treated and chlorinated.

Monthly bacteriological examinations are made of all treated water entering the distribution system at sampling points throughout the area of supply.

Chemical analysis of raw and treated water has also been carried out during the year. Typical bacteriological and chemical analyses of treated water are as follows:

**Report on the Bacteriological and Chemical Examination
of Samples of Water**

Bacteriological Examination of a sample of water.

Labelled: Fairlight Service Reservoir—Tap on Outlet Main.

Residual chlorine: trace.

	1 day at 37°C.	2 days at 37°C.	3 days at 20-22°C.
No. of Colonies developing on Agar Presumptive	0 per ml. Present in	0 per ml. Absent from	0 per ml. Probable No.
Coliform reaction	— ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I)	— ml.	100 ml.	0 per 100 ml.
Cl. welchii reaction	— ml.	100 ml.	

This sample is clear and bright in appearance and of very satisfactory bacterial purity indicative of a wholesome water suitable for public supply purposes.

8th October, 1965.

Typical chemical analysis of sample of water from County Borough of Hastings Water Undertaking.

Chemical Results in parts per million

Labelled: Tap on Delivery Main, Brede Pumping Station—Treated Water.

Appearance: Bright with a few particles.

Turbidity: less than 3. Colour (Hazen) :Nil. Odour: Very faint chlorinous.

pH: 7.0 Free Carbon Dioxide: 11. Electric Conductivity: 330.

Dissolved Solids dried at 180°C: 220. Chlorine present as Chloride: 29.

Alkalinity as Calcium Carbonate: 50. Hardness: Total 140. Carbonate 50.

Non-carbonate: 90. Nitrate Nitrogen: 0.3. Nitrite Nitrogen: absent.

Ammoniacal Nitrogen*: 0.00. Oxygen Absorbed: 0.60.

Albuminoid Nitrogen*: 0.03. Residual Chlorine: absent.

Metals: Iron 0.12; Aluminium 0.06.

* To convert to Ammonia multiply by 1.21.

This sample is practically clear and bright in appearance, neutral in reaction and free from metals apart from minute traces of iron and aluminium. The water is moderately hard in character and it contains no excess of mineral constituents. It is free from colour and of a high standard of organic quality.

From the aspect of the chemical analysis these results are indicative of a pure and wholesome water suitable for public supply purposes.

(Sgd.) GORDON MILES

16th August, 1965.

(c) The waters are not liable to plumbo-solvent action, being of moderate hardness.

(d) No special action was taken in respect of any contamination. The Local Authority is the owner of certain lands on the gathering grounds and in a position to take necessary steps. Should a particular sample prove to be unsatisfactory,

on bacteriological examination the cause would be immediately investigated and the condition rectified without delay, and further samples taken as necessary.

(e) The number of dwellings (including hereditaments having living accommodation) supplied within the Borough of Hastings is 25,120. In addition, 5,204 such premises outside the Borough now have piped supplies. Houses are not supplied from standpipes, except in cases of breakdown or frozen pipes.

(B) Public Swimming Baths:

- There are five swimming baths and pools as follows:—
- White Rock Baths. Large Bath—200,000 galls. Seawater—heated.
Small Bath—65,000 galls. Seawater—heated.
 - Bathing Pool: 1,200,000 galls. Seawater—unheated.
 - Combe Haven: 50,000 galls. Fresh water—heated.
 - Dr. Barnardo's Home: 8,000 galls. Fresh water—unheated.

The accompanying table gives details of the results of bacteriological tests.

Plate Count 1 Day at 37° C per Ml.	Less than 1	1-5	6-10	11-15	16-20	21-30	31-40	41-50	Over 50
Large Bath	7	6	1	—	2	1	—	—	1 Sample (97)
Small Bath	1	5	—	2	—	3	1	—	3 } 89, 89, 94
Bathing Pool	1	5	1	1	—	—	1	—	
Combe Haven	—	6	—	—	1	1	1	—	
Dr. Barnardo's Home	—	3	1	—	1	—	—	—	
Total	9	25	3	3	4	5	3	—	4
Probable Number of Coliform Bacilli per 100 Ml.	Less than 1		1—5					Over 5	
Large Bath	17		1					—	
Small Bath	15		—					—	
Bathing Pool	9		—					—	
Combe Haven	9		—					—	
Dr. Barnardo's Home	6		—					—	
Total	56		1					—	

Continuous filtration and chlorination plant is installed to maintain adequate purification and to deal with bacterial contamination. Routine checks were made on residual chlorine, and regular sampling was carried out for bacteriological examination. Of 57 samples taken, 56 were found to contain less than 1 coliform bacilli per 100 millilitre.

Bacteriological tests on indoor heated sea water baths showed that the improvement achieved during the previous year was maintained. Careful almost hour by hour checks by the plant engineer, with a boost of chlorine dosage during peak times of use of the baths to maintain residual chlorine of .7 ppm ensured very satisfactory results, in that of 33 samples, only one was slightly below the highest standard.

So far as the three open air pools are concerned these did not present any health problem. All 24 samples were found to be of a high standard. The generally poor weather during the season may have been a contributory factor in preventing over-loading of purification plant.

(C) Drainage and Sewerage, etc.:

I am indebted to the Borough Surveyor for the following report:—

During 1965 the West Hill Road overflow contract has been completed and also the Mill Lane drainage area scheme. The pumping station equipment for Ivyhouse Lane is being ordered and schemes being prepared include the relief of flooding at Parker Road and the replacement of the sewage disposal works at Ebdens Hill by a pumping station.

Messrs. Balfour, the Council's Consulting Engineers, have continued with the preparation of the details for the Long Sea Outfall which forms part of the Western Area Main Drainage Scheme. It is hoped to invite tenders in September, 1966.

The Joint Authorities' Abattoir was completed during the year under review.

The Direct Labour force dealt with the routine maintenance and repair of defects in public sewers, together with minor improvement works.

Collection and Disposal of Domestic Refuse:

The Council's fleet of refuse collection vehicles consists of:—

- 4-50 cu. yd. S. & D. Pakamatics (1 fitted with Bulk Handling Attachment).
- 4-25/27 cu. yd. S. & D, (Fore & Aft Tip) Refuse Collectors (1 fitted with Bulk Handling Attachment).
- 1-18 cu. yd. S. & D. (Fore & Aft Tip) Refuse Collector (to be replaced by a 50 cu. yd. Pakamatic).
- 1-16 cu. yd. S. & D. (Fore & Aft Tip) Refuse Collector.
- 1-40 cu. yd. Ford Pantechicon salvage collection vehicle.

The County Borough area is split into 8 collection zones and a minimum of one clearance per week is effected. Direct Labour involved averages 66 operatives including 5 sorters at the Salvage Depot and 3 bankmen on the controlled tip at Pebsham. Considerable difficulty was experienced in maintaining the labour force due to the retirement of the older employees and the failure to recruit suitable younger men.

The total quantity of refuse collected, transported and disposed of at Pebsham Tip amounted to about 23,700 tons.

During 1965 the sale of 803½ tons of waste paper produced a revenue of £6604 and a further £145 was obtained by the sale of 7½ tons of other salvaged materials.

Street Cleansing:

This routine service was maintained throughout the year, but once again difficulty was experienced in recruiting suitable labour.

(D) PEST CONTROL

(1) Rodent Destruction:

The number of infestations reported by occupiers or found on survey by the rodent operators showed a slight increase; 696 as compared with 641 the previous year.

Preventive work, including regular surveys of vacant sites, allotments, public gardens and new building sites keeps infestations down to minor levels.

The majority of complaints were of a minor character, very largely reports of rats seen in back gardens, inhabiting compost heaps or underneath sheds. Untidy accumulations often provide harbourage and nesting places. When treatment is carried out, occupiers are requested to tidy up, and co-operation is usually received, although, unfortunately, not always for very long.

Three sewer treatments were carried out in April, September and December. The first was preceded by a Test Baiting of 146 manholes throughout the town, 64 showing "takes".

The use of 2% Fluoroacetamide was continued. Results appeared a little disappointing in that the number of takes remained about 40% as in the previous year, emphasising the point that treatment remains a control measure, rather than a means of complete eradication.

After consultations with the Regional Pest Officer and Technical Adviser of the Ministry of Agriculture, Fisheries and Food, the final treatment was concentrated in two adjacent sections of the sewer system. Test baiting three months later showed that much better results had been obtained.

The future policy will be 100% baiting of all manholes in the older and worst affected sections of the sewer system. This should lead to better results and a more effective use of the limited staff available.

Surface treatment is still by Warfarin and consistently good results are obtained, with no evidence locally of resistance to this poison.

One Rodent Operator is specially detailed for the work of testing drainage systems where defects are suspected, under the supervision of the District Public Health Inspectors.

	Local Authority Properties.	Private Dwellings.	Business Premises.	Agricultural Premises.	Total.
Properties Inspected					
Notification of Occupier	22	563	102	9	696
Surveys	20	720	397	32	1169
Otherwise	—	2558	3760	—	6318
Total Inspections (including re-inspections)	219	7253	4625	71	12168
Properties Infested					
Rats	18	396	49	9	472
Mice	4	159	52	—	215
Infested Properties Treated	22	555	101	9	687
Total Treatments (including re-treatments)	26	590	109	9	734
Block Treatments ...	—	78	7	—	85

(2) Pigeons

Following the successful results obtained in 1964, by using narcotized bait, three treatments of infested sites were satisfactorily dealt with by this method. In addition a large number of birds were caught by netting in roosting places and eggs destroyed whenever found.

The co-operation of British Rail Engineering staff was sought and willingly given in dealing with a serious nuisance from a railway bridge, the Corporation Works Department being permitted to render the bridge proof against further infestation.

(3) Other Pests:

The Department continued to deal with cockroach infestations in food premises, fleas and the occasional bug complaint in domestic premises.

New developments in insecticides continue to be made, so that any partial failure to clear an infestation can be followed up by a second treatment using an insecticide of a different chemical group.

During the year 125 rooms in 39 houses were disinfested for fleas, and 141 rooms in 43 premises for cockroach infestation. Cinemas were treated with insecticidal mist quarterly as a preventive measure, a total of 16 treatments being given. Preventive work in food premises amounted to 37 treatments during the year.

Charges for disinfestation work which were revised in 1963 were as follows:—

Rats and mice (business premises):	10s. 0d. per hour.
(dwellings):	no charge.
Insects (business premises):	Liquid spray: 21s. 6d. or 27s. 3d. per gall. of material used.
(dwellings):	5s. for first room and 2s. 6d. for each additional room.
(all premises):	Powder treatment: 6s. 5d. per lb. of material used.

All charges have been calculated to include the cost of labour, transport, etc.

Receipts for disinfestation work totalled £193 5s. 4d. (including £86 15s. 0d. for rodent control on business premises) compared with £209 13s. 5d. in 1964.

(E) **FACTORIES ACT 1961**

PART I OF THE ACT

(1) **INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises.	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	35	13	1	---
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	184	51	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	18	2	—	—
TOTAL	237	66	3	—

2.—CASES in WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more “cases”)

Particulars	Number of cases in which defects were found				Number of cases in which prosecu- tions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	1	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	2	—	—	—	—
(b) Unsuitable or defective	1	—	—	—	—
(c) Not separate for sexes...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	4	—	—	—	—

Factories

66 inspections of factory premises were carried out, compared with 128 in the previous year. In 4 cases, action was necessary to deal with defects.

Unfortunately, this is another section of the work adversely affected by staff difficulties, only a quarter of registered premises being inspected during the year.

Liaison with the Borough Surveyor and Planning Department and examination of plans for new construction and alterations was maintained, and advice given on requirements where necessary.

OUTWORKERS

Wearing Apparel—making, etc.	5
Artificial Flowers	28
No. of visits	5 (12)

No action was necessary under Sections 133 and 134, i.e. for default in sending lists to the Council, or for work in unwholesome premises.

SECTION VIII

HOUSING AND SANITARY INSPECTION

INSPECTION OF DWELLING HOUSES

(1) (a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	..	1,195
(b)	Number of inspections made for the purpose	..	3,152
(2) (a)	Number of dwelling houses (including sub-head (1) above) which were inspected and recorded	..	381
(b)	Number of inspections made for the purpose	..	1,210
(3)	Number of dwelling houses found to be unfit for human habitation	.. .. .	170
(4)	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	..	330

A.—Houses Demolished :—		Houses Demolished	Displaced	
			Persons	Families
(1) In clearance areas— Housing Act, 1957				
Houses unfit for human habitation	... ..	34	178	64
Included by reason of bad arrangement	... ..	—	23	9
On land acquired under Section 43(2)	... ..	15	21	9
(2) Not in clearance areas—				
As a result of formal or informal procedure under Section 17(1)...	... ..	3	—	—
L.A. owned houses certified unfit by the Medical Officer of Health...	... ..	—	—	—
B.—Unfit Houses Closed :		Number	Displaced	
			Persons	Families
Under Sections 16(4), 17(1), 35(1)	... ..	9	27	10
Under Sections 17(3) and 26	... ..	—	—	—
Parts of Buildings Closed under Section 18	... ..	13	42	13
C.—Unfit Houses Made Fit and Houses in which Defects were remedied :—		By Owner	By Local Authority	
After informal action by L.A.	... ..	155	—	—
Under formal notice under Public Health Act...	... ..	8	—	—
After formal notice under Section 9(6) H.A.	... ..	2	1	—
Under Section 24, Housing Act, 1957	... ..	2	—	—

D.—Proceedings under Sec. 17 Housing Act 1957:—

(1)	Number of dwelling houses in respect of which demolition orders were made	1
-----	---	---------	---

E.—Proceedings under Sec. 18 Housing Act 1957:—

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	..	9
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	..	6
(3)	Closing Orders made (Sec. 17. H.A. 1957)	.. ..	5
(4)	Undertakings (not used for habitation)	.. ..	3
(5)	Closing Orders determined	.. ..	9

OVERCROWDING

(a) (i)	Number of dwellings overcrowded	18
(ii)	Number of families dwelling therein	18
(iii)	Number of persons dwelling therein	103
(b)	Number of new cases of overcrowding reported ..	18
(c) (i)	Number of cases of overcrowding relieved	2
(ii)	Number of persons concerned in such cases ..	8
(d)	Particulars of any cases in which dwelling houses in respect of which the Local Authority have taken steps for the abatement of overcrowding have again become overcrowded	—
(e)	Number of inspections made for the above mentioned purposes	152

Housing Inspections.

Clearance of Unfit Houses.

AREA	Number of		Adults	Children	TOTAL	Clearance or Compulsory Purchase Order	Confr- mation
	Houses	Families					
Total brought forward, 1665	678	678	1415	488	1903		
Russell Street No. 1	11	10	24	—	24	C.P.O.	Inquiry 26.10.65
North Street Nos. 1 & 2 ...	117	119	256	42	298	—	—
Stonefield Road Nos. 1 & 2 ...	55	52	98	10	108	—	—
TOTAL	861	859	1793	540	2333		

Clearance Areas

During the year under review, 5 clearance areas comprising a total of 183 houses were represented and one compulsory purchase order made. The Council deferred all slum clearance proposals for eighteen months until June 1967 and North Street Nos. 1 & 2 and Stonefield Road Nos. 1 & 2 were not declared and no orders have been made. Three public inquiries were held, two of them on orders made in 1964. (Western Road No. 1 and Battle Road No. 3).

At the time of writing this report it is known that all orders made have now been confirmed, in some cases with minor modifications.

78 families were rehoused from clearance areas during the year and 34 houses demolished.

On 31st December, 1965, 144 families awaited rehousing from areas for which orders have been made and which are now known to be confirmed. This does not include families in North Street 1 & 2 areas and Stonefield Road Nos. 1 & 2 areas affected by the moratorium.

Individual Unfit Houses

18 dwellings were represented as unfit, resulting in one demolition and 14 closing orders being made. Undertakings not to relet were accepted in respect of three houses.

23 families (69 persons) living in unfit dwellings on which demolition or closing orders were operative, were found new accommodation during the year.

At the end of the year only 8 families living in unfit houses subject to orders were still awaiting to be rehoused.

After comprehensive repair and improvement, 9 closing orders were determined. In all, this action has resulted in 103 dwellings being restored to usefulness so far.

Improvement Areas.

One improvement area—Manor Road No. 32/1—was declared consisting of 267 houses of which it was estimated that 140 were tenanted and required improvement. Survey work on the area was started during the year but up to the end of the year no improvement notices had been served.

Rent Act 1957.

No. of applications by tenant for certificates of disrepair (Form I)	—
Notice by local authority of proposal to issue certificates of disrepair (Form J)	—
Undertaking by landlord to remedy defects (Form K)	—
Certificates of Disrepair issued (Form L)	—
Applications by landlord for cancellation of certificate (Form M)	1
Notice by local authority of proposal to cancel certificate of disrepair (Form N)	1
Applications for certificates as to remedying of defects (Form O)	—
Certificates as to the remedying of defects (Form P)	—

Disrepair. 852 (812) complaints were investigated. 196 (239) notices were served requiring repairs, 155 (257) notices calling for necessary works under Housing and Public Health Acts were complied with without recourse to formal action.

Improvement Grants.

281 inspections of houses relating to applications for improvement grants were carried out, 10 more than in the previous year.

The number of grants approved, 70 discretionary and 35 standard grants, an increase of three.

Small Dwellings Acquisition Acts.

27 enquiries were handled relating to house purchase loans through the Corporation.

Rehousing Applications.

Reports and recommendations were made after investigation of home conditions of 152 families on the waiting list.

18 were found to be living in very overcrowded conditions, and 18 in unsatisfactory conditions for medical and social reasons; all of these were considered to be in urgent need.

Summary:

4458 visits, a decrease of 535, were made in respect of housing matters, but demands on the inspectorate continue to increase.

Because of the continuing heavy commitments in this sphere, and shortage of staff, it was only possible to maintain a reasonably expeditious service by reducing the number of follow-up reinspections. Under these circumstances supervision of works in progress is liable to suffer, which in the long term is far from satisfactory. Even so, housing work absorbed over a quarter of the total work force available. Again, much of the effort at present devoted to repair and maintenance which must of necessity be sustained, can only be carried out at the expense of progressive work on improvement areas, which must inevitably move at a correspondingly slower pace.

Year.	No of families re-housed.				
	Overcrowding, &c.	Medical reasons.	Individual unfit houses. Closing and Demolition Orders.	Clearance Areas.	Unfit Houses owned by L.A.
1956	12	21	11	—	—
1957	10	9	23	18	—
1958	10	13	24	58	—
1959	11	12	20	—	—
1960	11	11	16	9	10
1961	4	10	12	17	26
1962	4	6	16	114	2
1963	8	14	24	59	2
1964	2	25	29	37	—
1965	2	17	20	70	—

Noise Abatement Act 1960.

Seven complaints relating to alleged noise nuisance were investigated. Three related to noise from neighbours, radios etc., in adjoining flats, and three from workshop machinery adjacent to dwellings. The later were mainly due to evening operation, and emphasised the point that noise which may be acceptable during the working day, may easily be intolerable during the evening or weekend. One case reported late in December related to noise from road breaking equipment used on a major road improvement scheme in a built up area which was likely to be in progress over several months. Owing to the general circumstances, careful investigation and noise measurement was commenced with a view to advice being given on measures to achieve reduction in noise emission.

A detailed report on machinery installation and noise measurement was also prepared on plant identical to equipment which was causing serious nuisances in another local authority area. The exchange of data was invaluable in achieving reduction in noise emission.

Much can be achieved in this sphere by investigation and advisory action, improvement being achieved by informal approach without recourse to the ultimate sanction of legal procedure.

Caravan Sites.

114 inspections were carried out during the year.

There are a total of 1612 caravans on 9 licensed holiday sites covering 65 acres. These operate from 1st March to 31st October and vary in size from 22 to 900 caravans.

Conditions attached to site licences issued under the Caravan Sites (Control of Development) Act 1960 are based on the model standards, with the following modifications:

Showers or baths: 2 per 40 caravans.

Dustbins: 1 per 2 caravans.

Maximum distance to toilet facilities: 100 yards.

Sites with existing roads are exempt from the condition prohibiting the siting of caravans within 10ft. of any carriageway.

On a number of sites, some difficulty arose with regard to the provision of condition 6 which states that "no caravan shall be stationed at any time within 20ft. of another caravan". This is of fairly recent origin and had gradually arisen by replacement of caravans by site tenants with larger models. Each year new caravans seem to be wider and longer and it is a practical impossibility to maintain caravans 20ft. apart on a pitch of 30ft. x 30ft. In some cases this has meant major redeployment of caravans, often difficult where concrete hard standings have been provided.

On some sites it was also the practice to permit the parking of cars between caravans, which adds further to congestion. Amendment of licensing conditions to prohibit car parking between caravans was in progress at the end of the year.

Progressive improvement and addition of amenities above statutory requirements continue on most sites, each site owner endeavouring to make his site as attractive as possible.

General. The following tables summarise under various headings the miscellaneous public health matters dealt with by the inspectorate.

INSPECTION OF DWELLING HOUSES

Housing Acts:—

Houses inspected and recorded	381
Re-Inspections	1,210
Other houses inspected for housing defects	142
Re-Inspections	129
Inspections re overcrowding ...	166
Houses found not to be in all respects fit	98
Housing (Improvement Grants)	281
Housing (Rent Act, 1957) ...	7
	<hr/>
	2,414
	<hr/>

Public Health Act:—

Houses inspected for housing defects	445
Re-Inspections	467
Houses found not to be in all respects fit	232
Other premises inspected ...	227
Re-Inspections	151
Complaints investigated ...	852
Informal notices served under the Public Health and Housing Acts	196
Houses rendered fit following informal action	155
	<hr/>
	2,725
	<hr/>

Works Carried Out:—

Roofs repaired and made weatherproof	36
Stacks rebuilt or repaired (including new pots) ...	6
External walls repaired or re-pointed	15
Gutters and R.W.D. repaired, renewed or cleaned out ...	28
Dampness remedied	40
Interior walls and ceilings repaired	54
Walls and ceilings cleansed and redecorated	10
Firegrates and stoves repaired or renewed	5
Floors repaired or renewed ...	19
Staircases repaired	2
Doors repaired or renewed ...	6
Windows repaired or renewed...	14
Sash-cords renewed	4

Ventilation improved ...	2
Water supply improved ...	19
New sinks provided	—
Waste-pipes repaired or renewed	5
Yards and passages repaired ...	7
New W.C.'s. erected	1
W.C. basins renewed	3
Flushing cisterns repaired or renewed	12
Drains repaired or reconstructed	43
Drains cleansed	109
Inspection chambers constructed or repaired	24
Soil and vent pipes repaired or renewed	13
Gully traps fitted	10
Sanitary dustbins provided ...	4
Miscellaneous repairs	41
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	532
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Miscellaneous Inspections:—

Drainage	1,133
Keeping of Animals... ..	18
Rats or mice infestation ...	57
Smoke nuisances	25
Verminous premises... ..	22
Infectious diseases	38
Food Poisoning	3
Pet Animals Act	11
Animal Boarding Establishments	7
Moveable dwellings (Caravan sites)	114
Offensive trades	2
Knacker's yards	1
Theatres and cinemas	2
Out-workers	5
Swimming baths	52
Fertilisers and feeding stuffs ...	9
Other visits	808
Interviews respecting properties	1,666
Smoke tests to drains	62
Water tests to drains	95
Public Conveniences... ..	25
Water samples	6
Schools	10
Noise	27
	<hr/>
	4,198
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SECTION IX

FOOD INSPECTION AND HYGIENE

(A) MILK

The routine sampling of pasteurised and untreated milk continued throughout the year, but due to staff difficulties, the programme had to be considerably reduced. A total of 264 visits for all purposes were made to milk premises, 109 of these being during December in connection with the quinquennial renewal of licences, and to achieve this it was necessary to transfer staff not normally engaged in food inspection to this work. It is pleasing to report that in no case was it necessary to refuse the renewal of a licence.

Milk (Special Designation) Regulations, 1963:

No. of dealers' (Pasteurisers') Licences	..	..	..	1
No. of Dealers' (Pre-Packed Milk) Licences:				
Sterilised	..	..	..	88
Untreated	..	..	..	88
Pasteurised	..	..	..	88
Ultra Heat Treated	..	..	..	88

Sampling:

A total of 144 samples of designated milks were taken and submitted to the Public Health Laboratory for bacteriological examination. Results showed that a good standard of heat treatment has been generally maintained.

Pasteurised Milk

Laboratory tests showed that of 119 samples from all sources, none failed the phosphatase test.

Four (3.3 %) samples failed the methylene blue test indicating deficiencies in bottle cleansing and sterilising. The continuing misuse of containers by the consumer contributes largely to this problem.

Untreated Milk

25 samples of untreated (farm bottled) milk were taken and only three failed the prescribed test. In all cases, follow-up samples proved satisfactory.

A summary of sampling is given in the following table:—

Designation.	Samples taken	Methylene Blue test.		Phosphatase test.	
		Passed.	Failed.	Passed.	Failed.
Untreated Farm Bottled	*25	21	3	Not applicable.	—
Channel Isle. Pasteurised	24	24	—		
Pasteurised ...	95	91	4		

* Reports on meth. blue test were declared void owing to the overnight temperature exceeding 65°F. in respect of 1 Untreated Farm Bottled sample.

Biological Examination of Milk:

Regular samples of raw milk are taken from the churns awaiting pasteurising at the Silverhill processing plant and from the bottled milk designated as “untreated”. These samples are examined for the presence of the organisms which cause tuberculosis and undulant fever.

No case of tubercular infected milk was found.

10 samples were found to be positive on initial brucella ring test and in 6 of these, brucella abortus type 1 was isolated. These results high light the risks involved in consuming untreated milk and give the lie to the popular conception that untreated milk is the best. Supplies from the farms affected were rendered safe by pasteurisation.

Investigation on the affected farms was carried out by the Area Veterinary Officer with a view to ensuring participation in the calf inoculation scheme.

No.	T.B. Test		Brucella Ring Test	
	Positive	Negative	Positive	Negative
70	—	70	11	59

(B) MEAT

TABLE I
Slaughterhouse Output - Comparative Table

Year	Cattle	Calves	Sheep	Pigs
1956	2,215	1,795	7,515	9,138
1957	2,827	1,941	3,261	8,386
1958	2,958	1,483	3,444	9,901
1959	1,609	1,423	6,588	9,828
1960	1,529	1,189	4,009	9,062
1961	2,076	1,226	4,504	8,966
1962	2,140	1,081	4,083	9,635
1963	2,191	913	3,247	9,089
1964	2,093	737	4,516	10,403
1965	2,844	582	7,562	11,505

The year under review was of special interest so far as local meat production was concerned. It marked the end of an era of slaughtering and inspection under most unsatisfactory and primitive conditions in the old slaughterhouse in London Road which had been in use for 120 years.

The new central abattoir, constructed as a joint project by the authorities of Hastings, Rye, Bexhill and Battle, was officially opened on 27th September and commenced operating on 1st October. Many new features have been incorporated in its design and equipment, and it is held to be a model of its kind.

From the public health point of view, providing as it does for the highest hygiene standards throughout and temperature controlled storage prior to despatch the benefits cannot be over emphasized.

There was an increase in throughput of 25% over the previous year, 22,495 animals or 10,303 cattle units being dealt with. One hundred per cent meat inspection was maintained, entailing a total of 305 hours outside normal working hours.

Again, no tuberculosis was found in cattle necessitating condemnation of the carcase, and in only one case was a localised lesion in one organ found in 2,844 animals examined. Tuberculosis in pigs was also found to be declining, only one carcase in 700 being affected by localised lesions. 14 cases of cysticercosis bovis were found, all localised, and only five showed the presence of viable cysts, necessitating treatment of the carcasses by refrigeration for 21 days.

10 $\frac{3}{4}$ tons of meat and offals were rejected as unfit for human consumption, only 2 cwts of this amount being affected by tuberculosis.

TABLE II
CARCASES INSPECTED AND CONDEMNED DURING 1965
 (Figures for 1964 in brackets)

	Cattle	Calves	Sheep and Lambs	Pigs
No killed	2844 (2093)	582 (737)	7562 (4516)	11505 (10403)
No. inspected	2844 (2093)	582 (737)	7562 (4516)	11505 (10403)
All diseases except Tuberculosis				
Whole carcasses condemned ..	8 (6)	8 (9)	7 (12)	16 (19)
Carcasses of which some part or organ condemned ..	1265 (667)	1 (2)	531 (193)	952 (521)
Percentage of the number affected with disease other than tuberculosis	44.76 (32.15)	1.55 (1.49)	7.11 (4.54)	8.41 (5.19)
Tuberculosis only				
Whole carcasses condemned ...	— (—)	— (—)	— (—)	— (—)
Carcasses of which some part or organ condemned ...	1 (—)	— (—)	— (—)	16 (5)
Percentage of the number affected with tuberculosis	0.04 (—)	— (—)	— (—)	0.14 (0.04)
Cysticercosis				
Carcasses of which some part or organ condemned ..	14 (2)	— (—)	— (—)	— (—)
Carcasses submitted to treat- ment by refrigeration ...	5 (2)	— (—)	— (—)	— (—)
Generalised and totally condemned	— (—)	— (—)	— (—)	— (—)

TABLE III
TOTAL WEIGHT CONDEMNED FOR TUBERCULOSIS

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	—	2	—	8
Offal	—	—	—	—

**TOTAL WEIGHT CONDEMNED FOR DISEASES OTHER THAN
TUBERCULOSIS**

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	3	3	2	6
Offal	7	10	1	8

(C) ICE CREAM

There are 14 registered manufacturers, 13 of whom are producer retailers. 553 premises are registered for the storage and sale of ice cream.

Unfortunately, the deterioration in the staffing position has meant only 221 visits were made to ice cream premises during the year compared with 508 in 1964. If this situation is allowed to continue, a lowering of the standard is inevitable.

Sampling of ice cream was carried out during the period April to September with considerable difficulty but fortunately the standard of manufacture was good, probably due to the intensive campaign carried on in the previous year. Once again, the number of soft ice cream machines has increased but it is gratifying to learn that at least one National Company now includes a complete sterilization outfit with the machine as standard equipment.

10 samples only were submitted to the Public Analyst as experience has shown that previous results have been good and it is felt that the limited time available is better spent on obtaining a high bacteriological standard. All 10 samples were satisfactory.

The overall bacteriological standard continued to improve ,89 % of samples being classified in Grade I and II, as compared with 77 % in the previous year.

The following tables summarise the reports received:—

Bacteriological Examination

Grade.	No. of samples.	Percentage.	Remarks.
I. II.	61 18	68.54 } 20.23 } 88.77	} Satisfactory.
III. IV.	6 4	6.74 } 4.49 } 11.23	} Indicates defects of } manufacture/handling

Analysis

No. of Samples.	Satisfactory	Not satisfactory
10	10	—

(D) FOOD AND DRUGS ACT 1955

During the year 146 (196) samples were taken for analysis. Details are as follows:—

Milk:	Formal samples	..	1	
	Informal samples	..	77	
			<hr/>	78
Sundries:	Formal samples	..	—	
	Informal samples	..	53	
	Special investigations		5	
			<hr/>	58
Ice Cream:	Formal samples	..	—	
	Informal samples	..	10	
			<hr/>	10
				<hr/>
				146

Unsatisfactory analytical reports were received on 16 samples.

The provisions relating to the composition of food and drugs require assessment on analysis under four main headings.

1. The addition of any ingredient or abstraction of any constituent, or process to render food injurious to health.
2. The sale to the prejudice of the purchaser of food not of the nature, substance or quality demanded.
3. The use of prohibited substances, colouring matters, preservatives etc.
4. The false description by labelling or advertising, or marking which is calculated to mislead the consumer.

The quality of milk was maintained at a high level and of 78 samples taken, only 8 were found to have a fat content below the minimum legal requirement. In every case immediate follow-up bulk samples were satisfactory.

In order to cover as much ground as possible with a reduced staff, it was decided that a programme of informal sampling would be less time consuming, although if any legal action was necessary, a formal follow-up sample would have to be taken. Even with this reorganisation, it is regretful to note that only 58 samples of sundries were taken compared with 91 in 1964. Particulars of unsatisfactory samples and action taken were as follows:

No.	Item	Analyst's report	Action taken
785	Milk (informal)	Fat 3.8 % S.N.F. 7.6 %	Follow-up sample taken—satisfactory.
901	Milk (formal)	6 % deficient in milk fat	Warning letter from department.
907	Milk (informal)	Fat 3.2 % S.N.F. 8.1 %	Follow-up sample taken—satisfactory.
908	Milk (informal)	Fat 2.9 % S.N.F. 8.3 %	Ditto
909	Milk (informal)	Fat 2.6 % S.N.F. 8.0 %	Ditto
923	Milk (informal)	Fat 2.9 % S.N.F. 8.2 %	Ditto

924	Milk (informal)	Fat 3.0 % S.N.F. 8.2 %	Ditto
925	Milk (informal)	Fat 3.4 % S.N.F. 8.3 %	Ditto
857	Breakfast Sausage (informal)	Affected areas contained 488 parts per million of copper. Copper content of whole sample 34 parts per million.	Taken up with manufacturer.
862	Pork Pie (informal)	18.6 % meat	Taken up with manufacturer.
863	Chicken Cutlets (informal)	60 % meat. This article was misdescribed and should contain not less than 95 % meat.	Taken up with manufacturer.
877	Rum Fudge (informal)	This article did not have the character of fudge.	Taken up with manufacturer.
878	Coffee Fudge (informal)	Ditto	Ditto
879	Vanilla Butter Fudge (informal)	Ditto	Ditto
844	Cornish Pasty (informal)	No onion. Misdescribed, should be meat and vegetable pasty.	Ditto
1001	Pork Luncheon Meat (informal)	Salt not declared on label.	Taken up with manufacturer. Assurance received that new batch will be correctly labelled.

Special Investigations

Complaints from members of the public concerning various foods numbered 42, which is a reduction of 22 on the 1964 figure and indicates that the intensive campaign carried on during 1963 and 1964 to educate local food workers in such matters as food storage and rotation of stocks is at least having some effect, but a considerable amount of work is still necessary in this field if the present standard is to be at least maintained.

Two warning letters were sent and in one case concerning a nail in butter, a prosecution was successfully taken. It is pleasing to find that no particular trade is implicated in this year's complaints.

The following list indicates the variety of complaints although a number of minor nature and several unjustified have been excluded.

1.	Sausages	..	Contained maggot	..	Taken up with retailer.
2.	Butter	..	Contained nail	..	Fined £20 plus £5-5-0d. costs.
3.	Milk	..	Separated when mixed and boiled with baby food	..	Taken up with dairy.
4.	Milk bottle	..	Dirt on inside	..	Dirt was in fact scorings on <i>outside</i> of bottle. Discussed with dairy.

5.	Winter mixture ..	Contained glass sliver ..	Glass found after last sweet was eaten. Remainder of stock sold and empty jars returned to manufacturers. Shop inspected. No cause for complaint.
6.	Chicken pie ..	Contained other meat ..	Warning letter from Town Clerk.
7.	Currant loaf ..	Contained foreign body	Matter taken up with bakery.
8.	Milk bottle ..	Contained "note" ..	Matter taken up with dairy..
9.	Breakfast sausage	Green colour ..	Copper deposit, possibly from metal-tag. Taken up with manufacturers.
10.	Two $\frac{1}{3}$ rd pint bottles of milk ..	Dirty ..	Taken up with dairy.
11.	Crumpet ..	Contained centipede ..	Taken up with retailer and wholesaler.
12.	Milk bottle ..	Dirty ..	Taken up with dairy.
13.	Raw puff pastry ..	Mouldy ..	Not mould-discoloration from machine. Taken up with baker.
14.	Corned beef ..	Black marks ..	Stock checked—clear.
15.	Butter beans ..	Contained insects ..	Brusher beatles — taken up with canners.
16.	Bread ..	Foreign object ..	Edible vegetable oil. Taken up with bakery.
17.	Madeira cake ..	Bitter taste ..	Due to excess flavouring. Taken up with manufacturers.
18.	Chicken and ham pie ..	Contained stone ..	Stone from crop of chicken. Taken up with manufacturer.
19.	Butter ..	Cheesy taste ..	Not unfit. Taken up with retailer regarding stock rotation.
20.	Beans in tomato sauce ..	Foreign matter ..	Taken up with manufacturer.
21.	Porage Oats ..	Foreign matter ..	Not foreign matter—oat husk. No action.
22.	Half bottle of milk	Tea leaves — ..	Taken up with dairy. No action thought necessary.
23.	Hamburger ..	Cherry pip ..	No further action.
24.	Smoked salmon ..	Unfit, colour added ..	Not unfit and no colour added. Complainant informed.

25.	Brown bread	..	Eaten by mice?	..	Taken up with bakers. Probably eaten by birds.
26.	Tinned salmon	..	Contained fly	..	Fly obviously entered tin after opening. No action.
27.	Milk	..	Sour	..	Taken up with dairy.
28.	Corned beef	..	Unfit	..	Remainder of stock inspected—fit.
29.	Sausage	..	Contained fly	..	Taken up with manufacturers.
30.	Puff pastry	..	Mouldy	..	Taken up with retailer and manufacturer.
31.	Sausage rolls	..	Mouldy	..	Taken up with retailer.
32.	Chocolate Eclairs		Mouldy	..	Taken up with baker.
33.	Egg and ham pie	..	Contained metal	..	Warning letter from Town Clerk.
34.	Sole Fish Lunch	..	Fish tasted bad	..	No action thought necessary.
35.	Cod fillets	..	Smelt	..	Complaint considered unjustified.
36.	Brown Bread (Hovis)	..	Sour	..	No action.
37.	Veal and ham pie		Mouldy	..	Taken up with grocer. Warning given.
38.	Steak and kidney pie	..	Mouldy	..	Taken up with grocer. No further action, due to time lag between purchase and complaint.
39.	Processed peas	..	Unfit	..	Taken up with manufacturers. Piece of rubber glove in tin from food handler.
40.	Evaporated milk	..	Sour	..	Taken up with retailer. Faulty tin.
41.	Meat pasties	..	Mouldy	..	Taken up with retailer and baker. Suggestions made to improve stock rotation.
42.	Corn flakes	..	Contained extraneous matter	..	Taken up with manufacturers.

(E) OTHER FOODS

During the year the following foodstuffs were found unfit and rejected at Wholesalers' and Retailers' premises, and disposed of by the local authority at the controlled refuse tip—

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Meat	2	3	3	14 $\frac{1}{4}$
Compounded Foods	—	1	1	19
Fish	1	17	1	2 $\frac{3}{4}$
Poultry and Game	—	1	2	5
Shell Fish	—	3	3	16
Milk	—	3	1	27 $\frac{1}{2}$
Fruit	1	14	—	14
Vegetables	1	6	3	13
Groceries	—	4	1	8 $\frac{1}{2}$
Ice Cream	—	—	1	2
Sweets, etc.	—	—	1	26 $\frac{1}{2}$
Frozen Foods	—	3	3	2
Miscellaneous	—	7	—	11 $\frac{3}{4}$
	8	8	1	22 $\frac{1}{4}$

(F) INSPECTION OF RESTAURANTS, CAFES AND OTHER PREMISES
where food is prepared or exposed for sale.

Food Premises:

The number of food premises is as follows:—

Table A

Preparation and cooking—					
Hotels and Boarding Houses .. .. .	..	..	..	351	
Restaurants, cafes and eating houses .. .. .	..	..	..	149	
School kitchens and W.V.S. kitchen .. .. .	..	..	..	13	
Bakehouses .. .. .	..	..	..	18	
Fried Fish premises .. .. .	..	..	..	18	
Food factories .. .. .	..	..	..	8	
Mineral water factories .. .. .	..	..	..	1	
				—	558
Retail:—					
Grocers .. .. .	..	..	..	201	
Fish shops .. .. .	..	..	..	21	
Bakers—retail .. .. .	..	..	..	42	
Butchers .. .. .	..	..	..	56	
Confectioners .. .. .	..	..	..	117	
Fruiterers .. .. .	..	..	..	86	
Licensed premises .. .. .	..	..	..	124	
				—	647
					—
				Total	1205

Registered Food Premises:—					<i>No. of Premises</i>
Hastings Corporation (General Powers) Act 1937.					
Ice Cream Manufacturers ..	..	..	..	..	14
Ice Cream Retailers ..	..	..	..	..	553
Pressed and Preserved meats ..	..	..	..	..	94
Fish Hawkers ..	..	..	..	..	19
Milk and Dairies Regulations, 1959.					
Pasteurising Plants ..	..	..	..	..	1
Distributors ..	..	..	..	..	88
					<hr/> 769 <hr/>

Inspection of Food Premises:—					<i>Inspections</i>
Bakehouses ..	..	..	..	..	43
Butchers ..	..	..	..	..	221
Cafes, restaurants, etc. ..	..	..	..	..	452
Chemists ..	..	..	..	..	20
Confectioners and bakers ..	..	..	..	..	149
Dairies and milk shops ..	..	..	..	..	264
Fish shops—wet ..	..	..	..	..	15
fried ..	..	..	..	..	14
Fishmarket ..	..	..	..	..	223
Grocers ..	..	..	..	..	383
Greengrocers ..	..	..	..	..	65
General stores ..	..	..	..	..	64
Hawkers—fish ..	..	..	..	..	3
other ..	..	..	..	..	1
Hotels and licensed premises ..	..	..	..	..	168
Guest houses ..	..	..	..	..	184
Ice Cream—manufacturers ..	..	..	..	..	119
sale and storage ..	..	..	..	..	102
Preserved meat shops ..	..	..	..	..	53
Slaughterhouses ..	..	..	..	..	619
Warehouses ..	..	..	..	..	137
Unfit food ..	..	..	..	..	411
					<hr/> 3710 <hr/>

Contraventions Found and Remedied in connection with Food Premises:—

					<i>Found</i>	<i>Remedied</i>
Drainage ..	..	..	..	..	13	11
Sanitary conveniences—cleansing ..	..	..	..	..	9	10
provision of I.V.S. ..	..	..	..	..	1	4
Wash hand basins ..	..	..	..	..	11	11
Sinks ..	..	..	..	..	2	4
Water supply—hot ..	..	..	..	..	11	22
cold ..	..	..	..	..	4	—
First aid kit ..	..	..	..	..	32	30
Clothing accommodation ..	..	..	..	..	9	1

Lighting	..	..	..	..	..	3	2
Ventilation	..	..	..	..	..	2	2
Decoration—walls	..	..	..	..	..	44	51
ceilings	..	..	..	..	..	31	45
other	..	..	..	..	..	20	25
Floor—relaying	..	..	..	..	..	6	4
covering	..	..	..	..	..	9	8
Cleansing	..	..	..	..	..	10	10
Provision of refrigeration	..	..	..	..	..	6	6
Miscellaneous works of improvement	..	..	..	..	..	44	36
Risk of contamination	..	..	..	..	..	5	2
Personal cleanliness	..	..	..	..	..	1	—
Provision of overalls	..	..	..	..	..	—	—
Covering of cuts, etc.	..	..	..	..	..	—	—
Use of tobacco	..	..	..	..	..	—	—
Wrapping of food	..	..	..	..	..	1	1

Stalls and Vehicles:—

Cleansing	..	..	..	..	..	—	—
Name and address	..	..	..	..	..	—	—
Lighting	..	..	..	..	..	—	—
Covering and screening	..	..	..	..	..	—	—
Waste trimmings receptacles	..	..	..	..	..	—	—
Water supply	..	..	..	..	..	—	—
Provision of soap, towels and nailbrush	..	..	..	..	..	—	—
						274	285

General:

Owing to staff vacancies occurring during April which remained unfilled to the end of the year, the number of inspectors engaged on food control and hygiene was reduced to one, and consequently the improvement in the number of inspections and general coverage in this branch of the work attained in 1963 and 1964 has not continued. Unless the Public Health Inspectors section of the department is brought up to full establishment, a return to the poorer standards of previous years is inevitable.

The period under review has been a very disappointing and unsatisfactory year for food hygiene control, and virtually no progress has been made. In fact the inspection figures reflect a distinct regression. In the case of cafes, restaurants etc., these amounted to 452 compared with 810 in 1964, hotels and licensed premises 168 compared with 184 in 1964, guest houses 184 as compared with 472 in 1964. 274 contraventions were found and 285 remedied, in comparison with 902 found and 840 remedied in 1964. It must be emphasised that the reputation of the borough as a holiday resort must be bound to be affected, if the existing situation is allowed to continue.

Inspection of hotels and guest houses continued during the early part of the year; including those premises not inspected in 1964. It was extremely disappointing to find that in many of the larger establishments, conditions behind the plush facade presented to the public, were well below the minimum standard required by the Food Hygiene (General) Regulations 1960 and that in several cases, little regard was paid to the basic requirements of food hygiene. A considerable amount of work is necessary in this field to attain reasonable

conditions. One of the smaller guest houses was found to be so bad that a prosecution was taken and convictions obtained on five counts. Fines imposed amounted to £15.

The inspection of hospital kitchens was completed early in the year, and reports and advice on remedial measures were sent to the local Hospital Management Committee. Conditions in general were very satisfactory.

Cafes and restaurants which open for business for the summer months only, continue to present a problem which has not yet been solved, and in one case where the proprietor failed to respond to constant requests and advice to improve conditions in order to comply with legislation, a prosecution was taken under the Food Hygiene (General) Regulations 1960 and convictions were obtained on six counts. Fines imposed by the magistrates amounted to £67 and fifteen guineas costs.

The provisions of the Offices, Shops and Railway Premises Act 1963 in relation to food premises were additional duties on the existing inspectorate, and as was feared, this has resulted in a further reduction in inspections under the Food Hygiene Regulations. It is therefore another factor contributing to a lowering of standards.

(G) FOOD HYGIENE—EDUCATIONAL PROGRAMME

Two courses in food hygiene each consisting of twelve lectures and demonstrations were undertaken at the Catering Department of the College of Further Education for full time students and hospital catering staff, in preparation for the examinations of the City and Guilds, and the Royal Institute of Public Health and Hygiene.

It was disappointing that in spite of facilities provided at the college and some publicity, there was little if any interest shown in taking places by the local general catering and retail food trade.

(H) FERTILISERS AND FEEDING STUFFS ACT 1926

8 formal samples (4 foodstuffs and 4 fertilisers) were taken for analysis and 9 inspections of wholesale and retail premises carried out.

Two samples of fertilisers were reported on adversely by the Agricultural Analyst, but the matters were of a minor nature and were taken up with the manufacturers concerned.

(I) MERCHANDISE MARKS ACTS

There was a considerable improvement in the marking of fruit displayed in retail shops, perhaps the result of years of regular inspection and verbal warnings, and possibly to the increasing use of attractive display tickets provided by the exporting countries.

Inspections of butchers shops indicated that imported meat was invariably correctly labelled. The sale of prepacked "mixed grills" consisting of a New Zealand chop and portion of lamb's liver, together with an English tomato and a local sausage provided a little difficulty in labelling.

240 inspections were made and 18 verbal notices were complied with.

(J) SHOPS ACT 1950

The coming into operation on the 5th August of the Shops (Early Closing Days) Act 1965, provided the occupier of a shop with the choice to select his own early closing day for certain categories of shops. The following orders are therefore revoked.

Watchmakers, Jewellers and Gold and Silver Plate Dealers' Half Holiday Order 1913	} Fix Wednesday as Early Closing Day with option of Saturday.
Butchers and Meat Retailers Half Holiday Order 1923	
Hairdressers Half Holiday Order 1913	

It is a condition that the occupier of the shop shall keep conspicuously displayed in the shop so as to be visible from outside the shop at an entrance used by customers, a notice specifying the day selected by him as the early closing day for the shop. The wording is not specified but should include the words "EARLY CLOSING DAY".

From observations so far, many shopkeepers are failing to exhibit such a notice.

Local orders still in force:

Stationers and Booksellers Exemption Order	Exempts stationers and booksellers from necessity of observing half day.
All shops	A permanent order suspends obligation to close for half day during 18 specified weeks of holiday season, i.e. from the second Wednesday in June to the penultimate Wednesday in September (inclusive) and on two Wednesdays prior to Christmas Day in each year.

Sunday Trading:

The Shops Sunday Trading Restriction (Hastings) Order 1938.
(On 18 Sundays (including Easter and Whit Sundays and the 16 Sundays from first Sunday in June) shops may open for sale of bathing and fishing requisites, photographic requisites, toys, souvenirs and fancy goods, books, stationery, photographs and postcards and any article of food.)

Temporary Order—Christmas Period, Order under Section 43 extending the general closing hour to 9.0 p.m. for the period 16th and 17th and 20th to 24th December.

No legal proceedings were taken, but warnings were given relating to the opening of shops on early closing days or Sundays, which had the desired effect.

A total of 264 inspections were made and the welfare provisions were generally observed satisfactorily.

Contraventions	Informal Notices Served	Remedied
S.1 Closing of Shops on weekly half-holiday	8	7
S.2 General Closing Hours	—	—
Closing Orders	—	—
Trading outside Shops and Shops with several trades ...	—	—
Statutory Half-holiday for Assistants	—	—
Meal Times	—	—
Sunday Employment	—	—
Hours of Employment—Persons between 16—18	—	—
Do. do. —under 16	—	—
Night Employment	—	—
Closing of Shops on Sunday	2	2
Shops where several trades or businesses are carried on ...	5	5
Other offences connected with Sunday trading	—	—
Any other offences	—	—
Records not kept and Notices not exhibited :		
Young Persons—Forms E. or F. & G.	4	3
Abstracts of Act—Forms H. or J.	4	3
Assistants Half-holiday Notice	3	3
Early Closing Day Notice	10	10
Mixed Shop Notice—Early Closing Day	6	4
Do. —Sunday	2	2

(K) OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Table 'A'—Registrations and General Inspections

	No. registered during 1965	Total registered premises at the end of the year	No. of general inspect'ns
Offices	25	212	135
Retail Shops	60	518	153
Wholesale shops, warehouses	2	41	25
Catering Establishments ...	7	61	43
Fuel Storage Depots	—	1	—

Table 'B'—Number of visits of all kinds by inspectors .. 725

Table 'C'—Analysis of Persons Employed in Registered Premises by Work Place

Class of Workplace	No. employed
Offices	1590
Retail Shops	2362
Wholesale depts., warehouses	348
Catering Establishments ...	564
Canteens	11
Fuel Storage Depots	1
Total	4876
Total males	2004
Total females	2872

TABLE D — EXEMPTIONS

Part I — space (Section 5(2)) — No applications for exemption received.
Part II — temperature (Section 6) — No applications for exemption received.
Parts III and IV — sanitary conveniences (Section 9) and washing facilities (Section 10)

Class of Premises (1)	Number of exemptions current at 31st December (2)	Number of exemptions granted or extended during year (3)	Number of cases in columns (3) and (4) where employees opposed application (4)	Appeal to Courts against refusal to grant or extend an exemption or against the withdrawal of an exemption	
				Number made (5)	Number allowed (6)
Offices	1	1	—	—	—
Retail shops	—	—	—	—	—
Wholesale shops, warehouses	—	—	—	—	—
Catering establishments open to public, canteens ...	—	—	—	—	—
Fuel storage depots ...	—	—	—	—	—

TABLE E — PROSECUTIONS

There were no prosecutions during the year.

TABLE F — INSPECTORS

No. of inspectors appointed under Section 52(1) or (5) of the Act ... 5
No. of other staff employed for most of their time on work in connection with the Act Nil

Contraventions:					<i>Found</i>	<i>Remedied</i>
1.	Want of cleanliness	..	..	..	38	2
2.	Rooms overcrowded	..	..	..	8	3
3.	Temperature:					
	(a) Insufficient heating	..	..		37	29
	(b) Lack of thermometer	..	..		144	86
4.	Inadequate ventilation	..	..		32	11
5.	Insufficient lighting	..	..	..	17	8
6.	Sanitary Conveniences:					
	(a) Defects to conveniences	..	..		163	55
	(b) Insufficient conveniences	..	..		17	9
7.	Washing Facilities:					
	(a) Defects to facilities	..	..		92	27
	(b) Insufficient facilities	..	..		141	53
8.	Inadequate drinking water facilities		..		16	—
9.	Insufficient accommodation for clothing	..			21	12
10.	Insufficient or unsuitable seats	..	..		13	4
11.	Inadequate eating facilities	..	..		1	—
12.	Defects to floors, passages and stairs	..			186	48
13.	Matters relating to dangerous machinery				6	3
14.	Matters relating to heavy work		..		—	—
15.	First-Aid:					
	(a) Insufficient equipment	..	..		63	23
	(b) Lack of box or cupboard	..	..		70	54
16.	Other defects or matters not listed above				34	10
17.	Abstracts	..	..	..	66	10

This Act makes provision for the safety, health and welfare of some 4½ million office workers, 3½ million persons employed in shops and a further ¼ million railway employees.

The requirements of the Act include provisions relating to cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, seats, safety of machinery, first aid and fire precautions.

It can therefore be seen that it is a major piece of legislation of great importance affecting a large proportion of the working population.

It was unfortunate that due to shortage of staff and sickness, routine visiting under the Act was very much diminished in the latter part of the year. This period included October to December, when the Ministry asked all enforcing authorities for a special report on lighting standards. (see below.).

In June it became necessary for employers to place an 'abstract' of the Act in premises where it applied, but many have not yet done so. There should be no excuse for with-holding information from employees about the very reasonable requirements of the Act and the booklet which is required to be displayed is available from most booksellers and also from the Health Department.

An occupier is required to notify the local authority of any accident to an employee in his premises which causes death or disables him for more than three days from doing his usual work. Notification is important as it helps inspectors not only to detect breaches of the Act but to advise occupiers on measures to prevent the recurrence of similar accidents. Notification has also made it possible for the Ministry of Labour to collect statistical information which is being used to study different types of accidents and assess the need for preventive measures. The number of accidents notified has been 18, which still seems to be low but is a more realistic figure than that notified the previous year. (2 in 5 months.)

It is interesting to compare the national figures with those obtained locally. The total number of reported accidents at Hastings is so low that it is not surprising that there is some variance with national percentages. One half of all reported accidents in 1964 were due to falls. This figure is above the national one, which is 40 % but similar in that some 80 % of all falls occurred in seemingly "safe" situations, such as on fixed stairs or on the same level. The second and third most common causes of accidents nationally were handling goods (20 %) and stepping on or striking against an object or person (10 %). At Hastings the figures were reversed, being 11 % and 17 %.

Mechanical food slicers are a real source of danger and employees using them should take great care at all times. Fortunately there have been no accidents reported on these machines in Hastings since the Act was passed, but the knives are very sharp and they can cause serious injury. Great care should be taken when cleaning the machine and in particular, cleaning should only be carried out after the power has been cut off and by a person carefully instructed in the dangers and the need to take all possible precautions to prevent injury. Shopkeepers have a legal responsibility to see that machines are adequately guarded and it would be most advisable for them to ask the makers of their food slicing machines to supply the necessary safeguards. On gravity feed machines the material being sliced is able to slide towards the knife under its own weight. This feeding movement may be assisted by a pusher or "last slice" device. Accidents have been reported in other areas where persons have been holding the material in the feed chute. When small or short pieces of food are to be sliced, a "last slice" device should always be used and it should be of a type which is heavy enough to slide down the carriage without assistance.

It would be useful if the principle employed in the Heating Appliances (Fireguards) Act, 1952 was also introduced for all machines, such as these slicers, which are listed in the Prescribed Dangerous Machines Order, 1964. By this 1952 Act, heating appliances cannot be sold unless provided with a proper guard. It is gratifying to learn, however, that resulting from discussions between the Ministry and manufacturers, arrangements have been made for satisfactory guards to be produced by most manufacturers for both old and new machines.

Special Report on Lighting:

Section 8 of the Act requires that sufficient and suitable lighting, either natural or artificial, must be provided in every part of the premises in which people work or pass.

The Minister of Labour notified all enforcing authorities that he was considering whether to make lighting regulations, but before doing so, sought their experience on lighting in shops and offices during the last three months of the year.

As referred to above, this period coincided with severe staffing difficulties and therefore very little useful practical work was done in this highly complex and specialist field. A few light readings were taken but the figures are not reproduced here as they have no significance, forming no part of a general survey, and in any case were probably not typical of those classes of premises.

When lighting has been found to be obviously poor, this fact has been pointed out to the person responsible if available, who, in the gloom, could hardly do other than agree. The worst lighting seems to be mainly on staircases or passageways leading to basement or distant W.C. compartments or rooms containing the washing facilities.

It is to be hoped that any new lighting regulations will be helpful without being unnecessarily complicated.

In November, the Certified Scheme for Office Lighting was inaugurated by the British Lighting Council, in co-operation with nearly all major manufacturers of commercial lighting fittings.

By this scheme office managements can be certain that they will get good but not lavish lighting of a type which will comply with the requirements of the Act. An explanatory booklet is obtainable from the local Electricity Board or any member of the Electrical Contractor's Association.

On a ten year basis it has been shown that the total annual cost of good lighting should not exceed $\frac{1}{4}$ of 1 % of the total annual office costs.

It would be useful to employers if the scheme were to be well publicised as advantage could be taken of it to secure the most efficient and economical type of lighting.

(L) PET ANIMALS ACT 1951

Licences were issued in respect of seven pet shops.

11 routine inspections were carried out during the year, and following receipt of applications for the renewal of licences.

All were found to be conducted in a satisfactory manner and in accordance with the provisions of the Act.

(M) ANIMAL BOARDING ESTABLISHMENT ACT 1963

This Act provides for the registration and licensing of animal boarding establishments, and sets down conditions relating to accommodation, temperature, lighting, ventilation and cleanliness, food and drink, prevention of infectious diseases and means of escape from fire.

There are 4 animal boarding establishments in the borough which are licensed annually.

On inspection all were found to be maintained to very satisfactory standards. 7 inspections of these premises were made during the year.

(N) RIDING ESTABLISHMENT ACT 1964

The Act sets out requirements with a view to securing that suitable accommodation is provided as regards construction, size, number of occupants, lighting, ventilation, drainage and cleanliness; the provision of adequate pasture, food and drink and bedding material. Other provisions call for precautions to prevent the spread of infectious and contagious diseases, protection in case of fire, the provision of adequate accommodation for forage, bedding and stable equipment, and the maintenance of a good state of health in the animal.

2 licences (one for 9 horses, one for 6 horses) were approved following the carrying out of various structural works to bring the premises up to the required standards.

9 inspections were carried out during the year.

THE SCHOOL HEALTH SERVICES

REPORT OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
FOR THE YEAR 1965

SCHOOL HEALTH DEPARTMENT,

44 WELLINGTON SQUARE,

HASTINGS.

To the Chairman and Members of the Education Committee of the County Borough of Hastings.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Health Service for the year 1965.

The total number of children on the registers showed a further increase of 322 (8,236 as against 7914). The whole increase this year was due to 391 more children being registered at Primary Schools and the decrease was shared by the Secondary Schools and Special Day Schools for the Handicapped, there being 57 less registered at the former and 12 less at the latter. There were 632 more routine medical inspections (1525 as against 893) and special inspections and reinspections showed a decrease of 354. Again there was a most satisfactory increase of 575 in the number of dental inspections (7443 as against 6868) and 171 more children received treatment. There was also a further increase of 36 in the numbers receiving orthodontic treatment.

For the second year in succession and this year out of the greatly increased total of 1525 medically examined, there were no children classed as "unsatisfactory", an indication of the excellent standard of health and physique of our schoolchildren.

The new system of routine medical inspection, now in its fourth year, continues successfully.

Work in connection with early detection of defects of hearing continued throughout the year and the audiometric testing of selected children was further increased. As, in the past, a full audiogram was carried out on all children referred for speech therapy, on all those referred by the Educational Psychologist for assessment on form 3 H.P. and on all children referred for behaviour problems to the Psychiatric Clinic. The measures adopted to cope with the problem are progressing and from these measures many other defects of hearing are being detected.

My sincere thanks are due to you Mr. Chairman, and to your members for their continued encouragement and support given to me; to the Chief Education Officer and his staff for their unfailing help and guidance; to the Head Teachers who give us such helpful co-operation, and finally to my own staff for their sustained and loyal hard work.

With these brief comments I beg to submit the 1965 report and have the honour to remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

Principal School Medical Officer

STATISTICAL SUMMARY FOR 1965

TOTAL number of children on school registers, 1965	8,236	(7,914)
at Primary Schools	4,843	(4,452)
at Secondary Schools, including Grammar Schools	3,262	(3,319)
at Schools for Handicapped children ..	131	(143)
ROUTINE medical inspections—total number inspected	1,525	(893)
special inspections and re-inspections ..	1,205	(1,559)
Minor ailments treated	239	(303)
DENTAL inspections—total number inspected ..	7,443	(6,868)
„ „ treated ..	2,105	(2,088)
Receiving orthodontic treatment	318	(282)
DEFECTIVE VISION —total number referred for examination	638	(709)
spectacles prescribed for ..	196	(189)
HEALTH INSPECTIONS by school nurses at schools	14,078	(12,339)
number found defective in cleanliness ..	38	(70)
HOME VISITS by school nurses	1,012	(1,129)
DEATHS OF SCHOOLCHILDREN: I have to report that during 1965 6 deaths occurred in the resident child population aged 5—15 years.		
Pneumonia	1	(1)
Bronchopneumonia	1	(1)
Cerebral tumour	1	(—)
Motor vehicle accidents	2	(—)
Other accidents	1	(—)

SECTION A

MEDICAL INSPECTION AND WORK OF CLINICS

Periodic (Routine) Medical Inspections:

The new system of routine medical inspection, now in its fourth year, is working smoothly and efficiently, and proving a great time saver. In this connection "The Selective Conference" at the junior school age continues to prove of great value.

"Special" examinations, unaltered by the new scheme, continue to present difficulties, behaviour problems especially requiring an appointment apart from the normal school examination.

The preliminary "preparation" of the child by the school nurse includes weighing and measuring, sight testing, tests of acuity of hearing and a general survey of cleanliness, this, with the subsequent and thorough examination by the medical officer, ensures an accurate assessment of the child's fitness or otherwise. Where necessary, the parent or teacher can bring forward information on the child's mental abilities or behaviour so that appropriate advice and treatment, including where indicated special educational treatment, can be given.

Testing of colour vision is carried out in the second and third groups of boys only, as "colour blindness" like haemophilia is a defect carried on by the female sex but not exhibited by them. Where extreme colour blindness is found in boys, advice is given to the parents with regard to post-school employment of their children. Many jobs require normal colour vision and these jobs are quite definitely barred to boys with colour blindness.

Thanks to the excellent co-operation from Head Teachers and parents, the scheme has worked smoothly from the beginning, and has been remarkably clear of the teething troubles often associated with a new project. It has proved time saving both from the view point of the school medical service, and from that of the school teachers.

PROGRAMME OF MEDICAL INSPECTION THROUGH SCHOOL LIFE

Age	Routine Inspection	Selection Conference	Eye Test	Audiogram	Questionnaire	Other
INFANTS 5	+ Full medical insp. 12 per session		+		+	
6			+	+		
JUNIOR 7		+	+			
8		+	+			
9		+	+	+		
10			+			
SENIOR 11		+	+		+	
12		+				
13		+	+			
14	+ Selective modified leavers examn.				+	Completion of a Youth Employment form for leavers.
15-18	+ Selective modified leavers examn.					Completion of a Youth Employment form for leavers in last year at school.

(i) It will be seen that the present 5 plus examination is retained, although it is proposed to devote more time to each child in view of the importance attached to this particular inspection.

It is hoped to visit each infant school once per term to enable entrants to be examined in their *second* term at school: exceptional, the examination can be in the *first* term if it appears desirable to the Head Teacher in any particular case.

(ii) The 14 plus examination is retained in modified form: all leavers are interviewed and each child's health during school life is reviewed, the records being available; enquiry is made into his proposed occupation in relation to any disability he may have; he can comment on any worries he has about his health; the Head Teachers' comments (ascertained beforehand) are available; the child is actually medically examined in part or whole as there appears need to do so, or not at all if no need is apparent.

(iii) A similar selective modified leavers examination is suggested in the last year at school for those who remain beyond age 15.

At the appropriate leavers' inspection, the youth employment "suitability" form can be completed for every child.

(iv) Eye tests are proposed each year from ages 5 to 11 inclusive and again at 13.

(v) Routine audiometry is proposed at ages 6 and 9. An abbreviated form of test will be used to screen the children in school, any doubtful cases being investigated with full frequency range tests by appointment at the school clinics.

(vi) Questionnaire to parents. It is proposed to continue to send a simple but extensive questionnaire to parents of all children enquiring into the previous medical history, with particular reference to certain symptoms in the previous year. This will be sent at ages 5 and 14 to tie in with the periodic inspections at those ages and at age 11 as an intermediate source of information.

Accompanying the first questionnaire at age 5 will be a short letter telling parents of the medical arrangements made for the child throughout its school life.

(vii) The ascertainment of defects which appear for the first time after 5 and which do not come to light from any other source (hospital reports, school nurse, "specials", etc.) hinges on Selection Conferences held at ages 7-9 and 11-13 inclusive. Each child would in each of these years be the subject of a "conference" held at the school: conferences would be held either yearly or preferably termly if convenience and resources permit, so that new arrivals or absentees can be picked up. Each "conference" would involve Head Teacher, School Medical Officer and school nurse, and if necessary in a particular case, the form teacher. Their combined knowledge of the child, plus attendance records, medical records and the questionnaires referred to in (vi) above, plus if possible a quick look at the children in class, preferably a P.T. session, should enable a fairly good selection to be made of those children (probably comparatively few) who need a partial or complete medical inspection as to physical defects or reference to the educational psychologist as to educational problems or to the child guidance team as to psychiatric or behaviour problems. Children selected for medical examination would be seen later in a session held either at the school or school clinic as convenient. Special attention to be given at the 7 plus selection conference to child's mental ability, educational and general progress: each conference to review specially any backward child.

Every child on the school attendance register would be reviewed at the conference: newcomers to Hastings schools, whatever their age, would therefore automatically be seen during the first year after transfer, and would probably be selected for complete medical examination.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—Periodic Medical Inspections.

Classification of the General Condition and other routine Inspections of Pupils during the Year in the Age Groups.

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Satisfactory	Un-satisfactory	Discussed Satisfactory and Interviewed	Number Eye Tested
(1)	(2)	(3)	(4)	(5)	(6)
1961 and later	—	—	—	—	—
1960	373	373	—	—	431
1959	525	525	—	—	688
1958	115	115	—	102	648
1957	86	86	—	374	708
1956	103	103	—	495	707
1955	49	49	—	—	696
1954	92	92	—	345	703
1953	59	59	—	576	263
1952	64	64	—	593	626
1951	14	14	—	77	42
1950 and earlier	45	45	—	661	162
		% of Column (2)	% of column (2)		
Total	1,525	100%	—%	3,223	5,674

B.—Pupils found to require treatment.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table A (3)	Total individual pupils (4)
1961 and later	—	—	—
1960	5	14	19
1959	14	25	35
1958	2	5	5
1957	1	8	9
1956	4	8	11
1955	1	6	7
1954	2	4	6
1953	4	6	10
1952	1	1	2
1951	—	1	1
1950 and earlier	1	—	1
Total	35	78	106

C.—Other Inspections.

Number of Special Inspections	...	...	...	1024	(1027)
Number of Re-Inspections	...	...	...	181	(532)
			Total	1205	(1559)

D.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER 1965

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

Defect Code No.	Defect or Disease (2)	PERIODIC INSPECTIONS										TOTAL	
		ENTRANTS		LEAVERS		OTHERS							
		Requiring		Requiring		Requiring		Requiring		Requiring		Treat- ment (9)	Obser- vation (10)
		Treat- ment (3)	Obser- vation (4)	Treat- ment (5)	Obser- vation (6)	Treat- ment (7)	Obser- vation (8)						
(1)													
4	Skin ..	8	5	2	—	3	1	13	6				
5	Eyes: a. Vision ..	19	27	6	2	10	10	35	39				
	b. Squint ..	6	4	—	—	2	3	8	7				
	c. Other ..	—	2	1	2	3	—	4	4				
6	Ears: a. Hearing ..	2	16	1	—	—	8	3	24				
	b. Otitis Media ..	—	—	—	—	—	—	—	—				
	c. Other ..	—	—	—	—	—	—	—	1				
7	Nose and Throat ..	3	18	—	—	1	2	4	20				
8	Speech ..	7	6	—	—	6	1	13	7				
9	Lymphatic Glands ..	—	2	—	—	—	1	—	3				
10	Heart ..	—	1	—	—	1	1	1	4				
11	Lungs ..	2	4	—	—	1	3	3	19				
12	Developmental: a. Hernia ..	—	1	—	—	—	—	—	1				
	b. Other ..	—	21	—	1	1	5	1	27				
13	Orthopaedic: a. Posture ..	—	2	—	—	1	2	1	4				
	b. Feet ..	2	5	—	1	1	2	4	8				
	c. Other ..	2	2	2	—	3	1	7	3				
14	Nervous System: a. Epilepsy ..	—	—	—	1	—	1	—	2				
	b. Other ..	—	9	—	—	1	—	1	9				
15	Psychological: a. Development ..	—	5	—	1	2	5	2	11				
	b. Stability ..	2	3	—	—	—	4	2	7				
16	Abdomen ..	—	1	—	—	—	—	—	1				
17	Other ..	4	4	2	—	4	2	10	6				

E.—SPECIAL INSPECTIONS

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4.	Skin	171	16
5.	Eyes: <i>a.</i> Vision	94	37
	<i>b.</i> Squint	3	4
	<i>c.</i> Other	29	7
6.	Ears: <i>a.</i> Hearing	1	2
	<i>b.</i> Otitis Media.. .. .	—	—
	<i>c.</i> Other	8	7
7.	Nose and Throat	5	6
8.	Speech	7	3
9.	Lymphatic Glands	2	—
10.	Heart	—	1
11.	Lungs	1	10
12.	Development—		
	<i>a.</i> Hernia	2	—
	<i>b.</i> Other	—	12
13.	Orthopaedic—		
	<i>a.</i> Posture	2	3
	<i>b.</i> Feet	18	13
	<i>c.</i> Other	4	1
14.	Nervous system—		
	<i>a.</i> Epilepsy	—	2
	<i>b.</i> Other	1	4
15.	Psychological—		
	<i>a.</i> Development	4	10
	<i>b.</i> Stability	2	12
16.	Abdomen	1	—
17.	Other	28	68

General Condition of Children:

The new classification system of grading into categories “satisfactory” and “unsatisfactory” continues to give a true assessment of positive health or lack of it by including criteria such as mental and physical alertness, susceptibility to minor infections and ill health, stamina and vitality in addition to assessment on nutritional grounds.

Treatment of Defects Found:

According to the severity of any defect found, it is either observed or treated.

In the first instance, the child would be seen again in 3, 6 or 12 months, either at the school clinic or at the school during another inspection. Where treatment is thought advisable, the child is referred to the family doctor, to hospital or to the school clinic.

Health Inspections:

These are the development of the old cleanliness inspections. The accent is now more on health and as general hygiene has improved the “unclean children” become fewer.

The following Table—"Infestation with Vermin", shows the numbers of inspections carried out by the School Nurses.

(i) Total number of examinations of children in the schools	14,078	(12,339)
(ii) Number of individual children found unclean	38	(70)
(iii) Number of children in respect of whom cleansing notices were issued (Education Act 1944, Sect. 54 (2)	20	(13)
(iv) Number of children in respect of whom cleansing orders were issued (Education Act 1944, Sect. 54 (3)	—	(—)

It is most gratifying to note the decrease in the number of children found unclean (38 as against 70), this, despite the increase in the number of school children examined (14,078 as against 12,339).

School Clinics:

Work of School Nurses:

Visits to homes:—

(a) For School Medical Officer and School Enquiry Officer	127	(193)
(b) Uncleanliness—follow up	52	(91)
(c) B.C.G. School Children	100	(88)
(d) Others	733	(757)
	<hr/>	<hr/>
	1,012	(1,129)
School Visits—miscellaneous	595	(622)
	<hr/>	<hr/>
TOTAL	1,607	(1,751)

School Clinics:

The range of problems dealt with at the minor ailment clinics was again wide and varied. There was a decrease of 144 in the total attendances made, but there was an increase of 44 in the total number found to require treatment.

The child Welfare and Minor Ailments Clinic had again to share time and place with sessions for immunisation against Poliomyelitis, the campaign for which has gone well.

Clinics were held at:

Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea	Mondays & Thursdays at 9.30 a.m.
Ore Clinic, Old London Road, Hastings	Tuesdays & Fridays at 9.30 a.m.

Any school child attending a local authority school may attend either school clinic with the parent or with parental consent. Treatment and/or advice is given. The child may be treated at the clinic, referred to its own private doctor, hospital or special clinic. The school clinic aims only at the treatment of minor ailments and defects, not of the sick child requiring home or outpatient treatment. Children referred from routine medical inspection or from other sources can receive more detailed examination and investigation at the school clinic and are seen as frequently as considered necessary.

Analysis of Work done at the Clinics:

Total number of children examined	861	(897)
Total attendances made	1,058	(1,202)
Total number found to require treatment ..	378	(334)

Minor Ailments Treated:

Disease—

Ringworm (body)	—	(—)
„ (scalp)	—	(—)
Scabies	3	(6)
Impetigo	4	(4)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	26	(39)
Ear, nose and throat	14	(37)
Eye disease (external)	29	(32)
Verrucae (Plantar Warts)	54	(50)
Other skin diseases	109	(135)
	<hr/> 239	<hr/> (303)

Exclusions from School:

22 children were excluded from school by the School Medical Officer for the following diseases:—

(1) Diseases of the skin (including ringworm, scabies and impetigo)	7	(6)
(2) Infectious diseases (including rheumatism and influenza)	—	(—)
(3) Bronchial catarrh and colds, etc.	—	(—)
(4) Nervous system	—	(—)
(5) Diseases of the Eye	3	(2)
(6) Diseases of the Ear	—	(—)
(7) Nits and vermin and uncleanness	12	(3)
(8) Inflammatory conditions of the throat	—	(—)
(9) Diseases of the digestive system	—	(—)
(10) Others	—	(—)
	<hr/> 22	<hr/> (11)

Infectious Diseases:

The number of cases of infectious diseases notified by general practitioners for the year 1965 occurring in school children are:—

Scarlet Fever	7
Measles	331
Whooping Cough	22

The following table, in general use, gives guidance as to the exclusion of both cases and contacts of infectious disease.

MINISTRY OF HEALTH AND EDUCATION RECOMMENDATIONS FOR EXCLUSION FROM SCHOOL IN CERTAIN INFECTIOUS DISEASES.

	Usual Incubation period (days)	Interval between onset and appearance of rash (days)	Period of exclusion	
			Patients	Contacts, <i>i.e.</i> , the other members of the family or household living together as a family, that is, in one tenement.
SCARLET FEVER (and streptococcal sore throat)	2—5	1—2	7 days after discharge from hospital or from home isolation (unless "cold in the head," discharge from the nose or ear, sore throat, or "septic spots" be present.)	Children—no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certifies that they may resume work.
DIPHTHERIA	2—5	—	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteriological examination has proved negative.
MEASLES	10—15	3—4	10 days after the appearance of the rash if the child appears well.	Children under 5 years of age should be excluded for 14 days from date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immediately excluded. A child who is known with certainty to have had the disease need not be excluded.
GERMAN MEASLES	14—21	0—2	7 days from the appearance of the rash.	None.
WHOOPING COUGH	7—10	—	28 days from the beginning of the characteristic cough.	Children under 7 years of age should be excluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
MUMPS	12—28	—	7 days from the subsidence of all swelling.	None.
CHICKEN POX	11—21	0—2	14 days from the date of appearance of the rash.	None.
POLIOMYELITIS	7—14	—	At least 6 weeks. Will usually require a much longer period for recovery.	At least 21 days.
ENCEPHALITIS	4—30	—		
MENINGOCOCCAL INFECTION	2—10	—		

Tuberculosis:

The B.C.G. immunisation scheme commenced in 1955, was continued this year.

On receiving the parents' consent the children in the 13 year old age group are given a skin test in school. This is read 72 hours later and the Mantoux negative children given the B.C.G immunisation.

Of 846 children, 752 consents were obtained and 736 actually attended for Mantoux testing. 106 children were positive and 630 negative. This gives a figure of 14.4 per cent. positive and 85.6 per cent. negative of those who attended for skin test reading. 613 children were immunised.

No particular difficulties were encountered apart from the fact that record keeping and checking is the most time-consuming part of the operation.

Thanks to the excellent co-operation of the head teachers concerned disturbance to school routine has been kept to a minimum.

Families who have children who are Mantoux positive are persuaded to attend the Chest Clinic for a check up on the grounds that the child's infection must have come from somewhere. To date this check up has revealed very few cases of active tuberculosis in the associated adults.

Where a child is reported to have active tuberculosis and has been attending school it is now customary to Mantoux test all the class mates and X-ray any positives. Friends and close intimates are also checked. Parents generally have been extremely co-operative, but it has been difficult to avoid undue worry in many cases over what after all is merely a check up. As more of this work is done no doubt it will be accepted more readily for what it is—a precautionary measure.

The Chest Physician and his staff are extremely helpful and co-operative and a close liaison is maintained between the Chest Clinic and the Health Department.

Anti-Diphtheria Immunisation:

The danger of decrease in the percentage of children being protected against diphtheria cannot be over emphasised, or too often repeated.

For the prevention of an epidemic of diphtheria, it is estimated that 75% of the child population in a community should be immunised.

The figure of 83% in Hastings is most satisfactory, a reward for the propaganda work carried on daily by Health Visitors and Health Department Office Staff.

Employment of Children:

During the year 1965 a total of 297 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933, and the local bye-laws.

Employment cards were issued as follows—

Errands	..	..	..	15	(16)
Delivery of newspapers	..	..	..	113	(137)
Assisting in shops	..	..	..	122	(68)
Other employments	..	..	..	47	(40)

These children are examined in the school clinics, to ensure that the work proposed will not be prejudicial to the individual child's health or interfere with its education. No child was turned down on medical grounds.

Provision of Meals in Schools:

During the year, the School Meals Service provided 972,432 meals to maintained and independent schools in the Borough. The average number of meals provided daily was 4781.4 of which 321.5 were provided free.

As in previous years, the service to children with special dietary needs was maintained.

Staff Training to ensure highest possible standards of hygiene and nutrition has continued particularly by means of the Cadet Scheme and further training films.

School Leavers (Juvenile Employment):

Every child is examined in his or her last year at school, and a special card devised by the Juvenile Employment Officer is completed, showing important defects which render the child unsuitable physically for any particular types of work, a factor of considerable use to the Employment Officer in the placing of square pegs in square holes. In individual cases, even closer contact is maintained when considered desirable in the child's interests.

Milk in Schools Schemes:

The following sample weeks show the number of children who receive milk at schools:—

	<i>No. of Children in</i>		<i>No. of Children taking milk</i>	
	County and Voluntary School	Independent School	County and Voluntary School	Independent School
October, 1964	7,274	1,520	6,218	1,302
October, 1965	7,320	1,422	6,218	1,155

Special Clinics:

Ophthalmic Clinic.

The school refraction clinics were held by Mr. Hollingsworth and Mr. W. G. Bridges.

Mr. Hollingsworth comments:—"The work of the School Refraction Clinics is well up-to-date and new cases are seen without delay. During the year a number of children with one amblyopic eye, but no squint, have been seen and referred to the Royal East Sussex Hospital for occlusion and supervision by the Orthoptist. These cases might well have been missed but for the regular routine testing of vision in the schools. It is important that such children should be detected by the age of seven. In older children the defective eye is less likely to improve even with prolonged occlusion of the normal eye."

Treatment of eye diseases, defective vision and squint 1965.

	<i>By Authority Service</i>		<i>Otherwise</i>	
External and other, excluding errors of refraction and squint	29	(32)	—	(—)
Errors of refraction (including squint) ..	638	(709)	—	(—)
	<hr/>	<hr/>	<hr/>	<hr/>
Total	667	(741)	—	(—)
Number of pupils for whom spectacles were prescribed	174	(184)	22	(5)

Child Guidance Clinic:

This clinic is held at 33 Cambridge Road, Hastings. The full staff consists of a psychiatrist, educational psychologist, social worker and a clerk.

The new scheme of a shared service with Eastbourne County Borough continues to be satisfactory, and the work during the year was carried out efficiently and harmoniously. Under the scheme the two Authorities share equally the services of the psychiatric social worker, the educational psychologist and the clerk, whilst the Regional Hospital Board continues to provide a psychiatrist on a sessional basis.

All local cases pass through the hands of the School Medical Officer whatever the initial source of reference, so priority may be given to any case of extreme urgency and the cases integrated with the School Health Service as a whole. The Education Authority permits the investigation and treatment at this clinic of school children attending private schools, at the discretion of the Principal School Medical Officer, child guidance facilities not being available through any other source. The number of children so attending is small.

The following is a summary of the work done in the clinic for the year ending 31st December, 1965:—

HASTINGS CHILD GUIDANCE CLINIC AND
SCHOOL PSYCHOLOGICAL SERVICE
ANNUAL REPORT, 1965

(A) Hastings Child Guidance Clinic:

Number of cases carried forward from 1964 ..	13	(29)
Number of new cases referred in 1965	77	(56)
Number of new cases re-referred in 1965	3	(9)
	—	80 (65)

Referred by:

School Medical Officers	22	(8)
Schools	11	(6)
Private Doctors	11	(12)
Hospitals	1	(4)
Juvenile Courts	—	(—)
Probation Officers	1	(1)
Parents and other sources	27	(21)
Children's Officer	7	(13)
	—	80 (65)

Problems

Personality and Nervous Disorders	..	..	21	(23)		
Habit Disorders	..	..	7	(—)		
Behaviour Disorders	..	..	45	(37)		
Educational and Vocational	..	..	7	(5)		
Special Examination for Juvenile Court Placement			—	(—)	80	(65)

How dealt with:

Psychiatric Treatment	..	..	17	(21)		
Periodic Supervision	..	..	9	(11)		
Advice	..	..	34	(19)		
Withdrawn before Diagnostic Interview		..	7	(4)		
Awaiting Diagnostic Interview		..	13	(10)	80	(65)

The following summary gives an indication of the amount of work involved in dealing with all cases:—

Psychiatrist:

Diagnostic Interviews	..	..	72	(53)
Treatment Interviews	..	..	454	(400)

Psychologist:

Interviews for Tests	..	..	45	(41)
Interviews with Parents	..	..	4	(5)
Remedial Teaching Interviews		..	—	(—)
School and other Visits	..	..	5	(3)

Psychiatric Social Worker:

Interviews in Clinic	..	..	165	(178)
Home and other Visits	..	..	148	(171)
Social Histories	..	..	73	(54)

Analysis of Treatment. Cases Closed during Current Year:

(i.e. old and new cases seen by Psychiatrist in 1965 and previous years and discharged during 1965 according to the following categories):

Discharged—Improved	..	..	22	(20)
Not Improved	..	..	—	(2)
After Advice	..	..	33	(11)
Transferred	..	..	3	(4)
Unco-operative		..	4	(8)

(B) School Psychological Service:

Number of new cases carried forward from 1964	..	17	(—)		
Number of new cases referred during 1965	..	72	(75)		
Number of cases re-referred	..	13	(3)		
Number of cases withdrawn without being seen	..	2	—	104	(78)

Source of referral:

School Medical Officers	..	..	20	(4)		
Schools	..	..	67	(51)		
G.P. or Hospital	..	..	2	(10)		
Children's Officer	..	..	2	(2)		
Parents	..	..	7	(6)		
Others	..	..	6	(5)	104	(78)

Problems:					
Educational Guidance	..	..	..	99	(75)
Behaviour difficulties	..	..	..	1	(2)
Other difficulties	..	..	..	2	(—)
Vocational guidance	..	..	..	2	(1)
				—	104 (78)
Number of new cases seen during 1965	..	..		73	(67)
How dealt with:					
Advice only	..	..	..	24	(16)
Placement in E.S.N. School recommended			..	13	(23)
Placement in J.T.C. recommended	..	..		3	(—)
Other placement recommended	..	..		3	(9)
Remedial teaching undertaken	..	..		6	(3)
Kept under supervision	..	..	..	22	(14)
Referred to Child Guidance Clinic	..	..		2	(2)
				—	73 (67)
Summary of work carried out:					
Interviews for tests	..	..	..	102	(104)
Interviews with parents and others	..	..		34	(23)
Remedial teaching interviews	..	..		183	(203)
School visits	..	..	..	53	(57)
Home and other visits	..	..	..	59	(49)
Analysis of remedial teaching cases:					
Number of children in attendance during 1965	..			12	(15)
Number of children discharged improved	..			3	(4)
No. of children discharged unchanged	..			1	(2)
Number of children transferred to Special School				1	(1)
Number of children referred to Child Guidance Clinic	..	..	..	—	(—)
Number of children who have left district	..			—	(1)

Educational Psychology:

The scheme for education psychology in the schools continued during the year and once more it was found possible to increase the number of school visits. The psychologist is able to make more contact with headmasters and test or advise on backward children, and others presenting educational problems, informally and directly. Although there has been a further increase in this work, the need for a full-time psychologist is still there and it is planned that the Authority will eventually have one.

This will open up all sorts of possibilities which are under exploration by the Education Officer and the Principal School Medical Officer, not least of which should be early reference and advice with perhaps eventually all educationally sub-normal cases being found through this channel rather than awaiting the formal request for ascertainment as at present.

Annual Report of the Speech Therapy Clinic 1965:

Since the appointment of a second speech therapist in October, there are two full time speech therapists spending 15 sessions a week diagnosing and treating articulation, language and voice disorders in school and pre-school age children. The remaining 5 sessions a week are spent working for the Hospital Service.

Treatment is carried out either at the clinic, 33, Cambridge Road, or on weekly visits to the following places:—

- Dudley Infants'
- Hollington Infants'
- Mount Pleasant Infants'
- Red Lake Infants'
- West St. Leonards Infants'
- Elphinstone Junior School
- Sandown Junior School
- Silverdale School
- Torfield E.S.N. School
- Robert Mitchell Open Air School
- The Occupation Centre and
- The Blackman Clinic

Other school and home visits are made when necessary.

Equipment bought during the year, including books, puppets and speech games, has proved useful.

With two full time therapists it is now possible to keep the waiting list within reasonable limits.

Speech Therapy Clinic 1965:

No. of cases on register 1.1.65.	..	..	..	..	132
No. of cases admitted during year	..	..	..	..	96
No. of patients discharged during year	..	..	..	..	72
No. remaining on register 31.12.65...	..	..	..	..	156
Total number of patients who received treatment during 1965	..				228

Analysis of cases treated:

Alalia	..	..	..	..	..	..	5
Dyslalia	..	..	..	..	..	..	83
Dyspraxia	..	..	..	..	..	..	1
Dyseneia	..	..	..	..	..	..	6
Structural articulatory defect	..	..	..	..	..	..	4
Structural articulatory defect and dyseneia	..	..	..	..	..	..	1
Structural articulatory defect and dysphonia	..	..	..	..	..	..	3
Retarded speech development	..	..	..	..	..	..	16
Dysphonia	..	..	..	..	..	..	2
Stammer	..	..	..	..	..	..	24
Stammer and dyslalia	..	..	..	..	..	..	10
Stammer and retarded speech development	..	..	..	..	..	..	1

Analysis of cases discharged:

Dysphasia—entered Moorhouse School for residential treatment	1
Alalia—left district	1
entered hospital residentially	1
Dyslalia—speech normal	39
much improved	5
failed to attend	6
entered hospital residentially	1
left school	1

Dyslalia and stammer—failed to attend	..	..	..	2
Dyseneia—speech normal ..	..	..	..	2
Dysarthria—speech much improved	..	..	..	1
Dysarthria and dysphonia—speech much improved	..	..	..	1
Dysphonia—speech much improved	..	..	..	1
refused treatment	..	..	..	1
Stammer—speech normal ..	..	..	..	3
much improved	..	..	..	1
left school ..	..	..	..	3
failed to attend	..	..	..	2

J. K. AUSTIN, L.C.S.T.

Foot Health Clinic:

A fully qualified chiropodist is employed on a sessional basis and at present does three sessions a week throughout the year. He is kept fully occupied.

Most of his work consists of treating plantar warts. During the year it has been found that incidence of plantar warts is below 1.4 % in junior schools, 2.3 % in senior schools and 0.3 % in infant schools.

During the year 467 new cases were treated at the foot clinic, making a total of 1,425 attendances.

Foot inspections by Chiropodist 1965:—

			<i>No. Inspected</i>	<i>No. Verrucae</i>	<i>% Infected</i>
Senior Schools	..	..	2,694	63	2.3
Junior	„	..	2,425	34	1.4
Infants	„	..	1,117	3	0.3
Special	„	..	128	—	—

Mr. C. R. M. Gallini, the School Chiropodist, reports as follows:—

CHIROPODY FOR SCHOOLS 1965

School Inspections:

All Senior schools were inspected in 1965 and all other schools except three. These will be seen early in 1966.

Verruca:

There were 246 new cases of verruca in the year with an average of four attendances per case. Comparison with previous years is as follows:—

1961	1962	1963	1964	1965
228	262	243	203	246

Other cases:

A normal year.

SECTION B

DENTAL REPORT—SCHOOL CHILDREN, 1965

A comprehensive dental service is available for the school children in the Borough at the two clinics. These are centrally situated for the principle centres of child population. At Arthur Blockman Clinic, St. Leonards, one surgery is in use but there are two at Ore clinic, one of which is whole time and one half-time.

When the three are fully staffed we should be able to cover the dental needs of the children in Hastings more fully than has been possible in the past. During 1965 out of a school population of 8,236, 7,443 were inspected but in the future our aim should be at least two inspections for every child per annum.

Of the 7,443 inspected 4,797 required some treatment. In many cases these children could be made dentally fit after one or two visits. There has been a marked improvement in the dental condition over the past few years as the advantages of having a healthy mouth are more generally appreciated. The majority of the children receive more or less regular treatment either at the clinics or by the private practitioners.

Against this is the disheartening fact that the number of naturally sound dentitions is very small. The large number of fillings seen at inspections is far better than carious or missing teeth but an alteration in eating habits could bring about a more satisfactory result, that is making the naturally sound dentition the average and not the exception.

There are few if any children who cannot have adequate meals nowadays, their dental troubles springing from the abuse of extras and treats, not lack of food.

It is not possible to turn the clock back or to have a general changeover to faddy diets but it should be possible to educate people that it is not necessary to eat or drink every hour. Unfortunately these in between snacks, whether in liquid or solid form, are all too often of a sweet and sticky nature. This is bad on two counts. Sticky plaques are formed on teeth in which decay can easily begin, then spreading rapidly; in addition they destroy the child's natural appetite as a digestive tract overloaded with sugars cannot cope with the correct body building foods.

Fluoridation of the water supplies is the only known and proven way by which the caries incidence can be cut in countries with the western standards of living. At the controlled rate of one part per million exhaustive tests have been made in many countries and no systemic ill effects have been found. On the other hand it does not require specialised knowledge to appreciate the startlingly good appearance of the children's teeth where fluoride occurs naturally or has been added.

As in past years the working of the dental clinics has been facilitated by the continued help we have received from the health visitors and teachers. Their help in dental health propaganda is particularly useful as it can be taught as part of the children's general education, fitting them for a fuller and healthier life, not as a subject apart.

In Hastings we are fortunate in having the specialist orthodontist working in the school clinics one session per week. This co-ordination of services is both satisfactory and stimulating as it encourages a long term view of the day to day work.

Following this report is the orthodontists report and tables showing the results of the school inspections and the treatments carried out at the dental clinics.

I should like to thank the dental staff, other members of the medical department and the teaching staffs for their co-operation, as without it a steady flow of patients could not be maintained.

ORTHODONTIC REPORT

In previous years I have commented on the importance of thorough dental planning in the treatment of young children. I have pointed out the dental officer and the orthodontist can often save the young child pain and distress by suitable interceptive procedures. Planned extractions of deciduous and selected permanent teeth can cut down on conservative work, relieve crowding and save the child unnecessary anaesthetics.

Unlike dental decay, where the aetiology is probably mainly environmental in nature, malocclusion is largely the result of hereditary factors. Miss Young carried out a small survey on an unselected group of children, while doing a routine school inspection. She found that a certain type of malocclusion appeared to be more common in this small group than in the country as a whole. With our 900 year anniversary celebrations almost on us, we wonder whether William and his men were responsible for this as well! We cannot then hope that we will ever get on top of the problem of malocclusion in its entirety—but sound teeth can give us a good foundation to work on.

We hope that in time a more dentally conscious public will demand known preventive dental procedures. The alleviation of dental decay during the early years of life will allow us more time for planning, and more advanced techniques, on a larger group of people.

SCHOOL INSPECTIONS AND TREATMENTS

As in previous years, the boys attending the George Rainey School, run under the auspices of the Greater London Authority, have received treatment at the dental clinic.

The work done for these boys and details of all work done in the clinics follows.

	Spring Term	Summer Term	Autumn Term	Totals
Number Inspected	36	37	37	110
Number Referred	17	19	26	62
Number of Attendances at Clinic ..	22	23	28	73
Fillings { Permanent Teeth ..	20	23	25	68
{ Temporary Teeth ..	4	1	5	10
Dressings { Permanent Teeth ..	4	—	—	4
{ Temporary Teeth ..	—	—	—	—
Extractions { Permanent Teeth ..	3	2	7	12
{ Temporary Teeth ..	3	4	11	18
Anaesthetics { Local	3	—	1	4
{ General	2	5	8	15
Other Operations	8	5	4	17

Sessions

Sessions devoted to treatment	..	..	..	961
Sessions devoted to inspection	..	..	..	42 $\frac{1}{2}$
Sessions devoted to Dental Health Education			..	$\frac{1}{2}$

Inspections

First inspection at School. Number of pupils	..	6,090
First inspection at clinic. Number of pupils	..	1,353
Number found to require treatment	..	4,797
Number offered treatment ..	..	4,797
Pupils re-inspected at school clinic ..	..	2,941
Number found to require treatment of those re-inspected		1,693

Attendances and Treatment:

First visit ..	..	2,105
Subsequent visits ..	..	3,755
Total visits ..	..	5,860
Additional courses of treatment commenced	..	979
Fillings in permanent teeth ..	..	3,994
Fillings in deciduous teeth ..	..	2,302
Permanent teeth filled ..	..	3,493
Deciduous teeth filled ..	..	2,060
Permanent teeth extracted ..	..	432
Deciduous teeth extracted ..	..	733
General anaesthetics ..	..	462
Emergencies ..	..	247
Number of Pupils X-Rayed ..	..	384
Prophylaxis ..	..	1,177
Teeth otherwise conserved ..	..	657
Number of teeth root filled ..	..	59
Inlays ..	..	—
Crowns ..	..	—
Courses of treatment completed	..	2,745

Orthodontics:

Cases remaining from previous year ..	..	197
New cases commenced during year ..	..	121
Cases completed during year ..	..	75
Cases discontinued during year ..	..	7
No. of removable appliances fitted ..	..	88
No. of fixed appliances fitted ..	..	11
Pupils referred to Hospital Consultant ..	..	—

Prosthetics

Pupils supplied with F.U. or F.L. (first time) ..	..	4
Pupils supplied with other dentures (first time) ..	..	6
Number of dentures supplied ..	..	15

SECTION C

HANDICAPPED CHILDREN

The Education Act, 1944, states that “. . . a local education authority shall, in particular have regard . . . to the need for securing that provision is made for pupils who suffer from any disability of mind or body by providing, either in special schools, or otherwise, special educational treatment, that is to say, education by special methods appropriate for persons suffering from that disability . . .”

The following categories of Handicapped Pupils are recognised:—(a) blind; (b) partially sighted; (c) deaf; (d) partially deaf; (e) delicate; (f) diabetic; (g) educationally subnormal; (h) epileptic; (i) maladjusted; (j) physically handicapped; (k) pupils suffering from speech defect.

Any pupil who might come within any of the above categories is specially examined by the School Medical Officer. The case may be found at routine medical inspection or referred by a general practitioner, teacher, health visitor or parent.

The School Medical Officer, after examination of the child, reports to the Education authority, giving advice on the child's further treatment and education.

In many cases, the requisite care and special schooling can be obtained by transfer to the Authority's open air or other special schools: other cases require highly specialised education in residential schools, e.g., the blind, partially blind, deaf, etc. The local Education authority assume responsibility financially in these latter cases, except in the case of special hospital schools, where residence and treatment is provided by the Regional Hospital Board, and the authority pays the educational costs.

Not all children with specific defects require special school education: as example, a diabetic child may be sufficiently stable under insulin treatment to attend a normal school and live to all intents and purposes a normal school life.

School for Delicate Children:

The Education Authority maintains one school for delicate and physically handicapped children. There are a total of 50 places.

The number of pupils remain low, as stated in the previous report due to continued improvement in treatment and especially to earlier treatment of conditions.

The school has to deal with an age range from 5 to 16 years. Throughout the year the number in each age group of the pupils were as follows:—5-7, 9, 8-10, 24; 11-12, 8; 13-16, 6.

Teaching is difficult in spite of small numbers. Many of the children are very backward in their work. In addition to having a physical defect and falling behind by reason of absence from school, there is sometimes some basic mental subnormality. The school is used in many ways. Sometimes epileptics not yet stabilised are admitted for a term—occasionally pupils who might be partially sighted or partially deaf are admitted pending observation on progress with more individual tuition or awaiting placement in a special school.

An Analysis of the numbers attending during 1965 follows:—

Robert Mitchell

Number on register 1st January, 1965	..	..	..	41	(35)
Number of admissions during the year	..	..	..	6	(14)
Number of discharges during the year	..	..	..	14	(6)
Transferred to E.S.N. School	..	..	..	5	(2)
Number on register 31st December, 1965	..	..	..	28	(41)

Special medical examinations are carried out on each pupil once each term: in addition, the School Medical Officers visit frequently to note the progress of the pupils and make any adjustment necessary in the school activities of the individual pupils.

Children are left at the school until it is considered that they will be able to stand up to the strain of ordinary school life. Their stay may be measured in months or years depending entirely on individual requirements, the average stay being 18 months.

The conditions from which the children attending the Robert Mitchell School during the year were suffering, are as follows:—

Asthma	..	..	..	..	..	8
Recurrent bronchitis and bronchiectasis	..	..	..	..	..	8
Debility and/or subnormal nutrition	..	..	..	..	..	6
Spastic conditions	..	..	..	..	..	1
Other crippling conditions	..	..	..	..	..	3
Epilepsy	..	..	..	..	..	4
Congenital heart	..	..	..	..	..	2
Partial hearing	..	..	..	..	..	4
Speech defect	..	..	..	..	..	2
Leukaemia	..	..	..	..	..	1
Other conditions	..	..	..	..	..	8

It may be noted that several children suffer from multiple defects.

Children discharged during 1965:

Transferred to ordinary school system	..	..	..	11	(4)
Transferred to other special institutions or schools	..	..	..	1	(—)
Transferred to E.S.N. School	..	..	..	5	(2)
Left district	..	..	..	2	(1)
Ineducable	..	..	..	—	(—)
Employment	..	..	..	—	(1)

Educationally Subnormal Children:

The Torfield Special School provides excellent specialised teaching for E.S.N. children whose intelligence is too poor to remain in the normal schools with any benefit.

The I.Qs. of these boys and girls varies between 50 to 90 on the Terman Merrill scale.

A number of children are admitted who with remedial teaching should be able to return to the ordinary schools after a year or two.

It is a great pleasure to note the provision of more special classes in the ordinary schools. More important still, teachers with special training and experience in dealing with backward children are also employed.

In connection with backward children, some parents if given instruction on the right lines can give their children the individual coaching at home they are unable to get at school.

Before a child is ascertained as educationally sub-normal, careful mental and physical examinations are carried out. The results of these, the teachers' reports, and the parents' feelings in the matter are carefully weighed up. In some difficult cases decision is postponed for a further period. Again, if the parent is not willing to agree to the child's transfer immediately, discussion of child's progress a term later combined with the excellent backing from respective headmasters, produces a willing parent. A co-operative parent is most essential to the child's progress and wellbeing.

Torfield School:

No in attendance January, 1965	102
No. of admissions and re-admissions during the year ..	22
No. of school leavers (15 and 16)	9
No. returned to ordinary school	7
No. left district	5
Transferred to Residential School	1
Ineducable	1
No. in attendance December, 1965	*101

*Includes 4 from other Authorities.

Children found unsuitable for education at school:

No. of children who were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944	2
No. of reviews carried out under the provisions of Section 57A of the Education Act, 1944	Nil
No. of decisions cancelled under Section 57A (2) of the Education Act, 1944	Nil

Defective Hearing:

Work in this field continued during the year with our efforts directed towards early detection of defects.

The routine audiometry of the 6 and 9 year olds is now well established, and has proved a worthwhile investigation, especially in the younger age group.

The experience gained since the introduction of the scheme enabled this work to progress at an accelerated rate as the figures will show.

We continued to have the full co-operation of the audiology unit at the Royal East Sussex Hospital where cases are referred for investigation.

A special record card is kept for each under investigation for deafness, this enables follow-up examinations to be more efficient.

At present there are 90 recorded under investigation and follow-up. 22 children have been referred to the Consultant at the Audiology Unit.

15 school children wear hearing aids.

Epilepsy:

A majority of children seem to respond to treatment and continue in the ordinary school under suitable treatment.

A few cases go to the school for delicate children during the period of stabilisation. Life is quieter and easier. Treatment if required can be given during school hours. Once all is satisfactory the child returns to the ordinary school.

Some, however, do not respond satisfactorily to treatment and cannot be kept in school because of behaviour or frequency of attacks. They may go to a special school for epileptics or return to school in due course.

The paediatrician gives excellent co-operation and children are fully investigated.

As with other disabilities, parents are welcomed at the school clinics and their problems discussed. Every effort is made to back up advice given by the child's own doctor and the consultant. This is easy when everyone is kept fully informed.

20 children are known to have epilepsy.

Residential Special Education:

Children, relatively few in number, who require special treatment and education which cannot be provided by the Authority's special schools are sent by arrangement to other educational establishments outside the Borough. These include children who are blind or partially sighted, epileptic or mal-adjusted.

It continues to be difficult to obtain places for maladjusted or educationally sub-normal pupils.

The total number of children in various institutions at the end of 1965 was: deaf, 2; cripples, 2; maladjusted, 5; physically handicapped, 1; spastics, 5; partially blind, 2; E.S.N., 5; diabetic, 1; speech defect, 1; a total in all of 24 children.

Home Tuition

Children who are in hospital or incapacitated so as to be unable to attend school may be provided with a home teacher. 13 were helped in this way.

Hospital Treatment:

Special arrangements for the attendance of children suffering from diabetes continues to be made under the National Health Service at the special clinic at the Royal East Sussex Hospital. Children suffering from orthopaedic conditions and tuberculosis are dealt with in their appropriate clinics at the same Hospital.

Contact is maintained with these hospital clinics, especially the chest clinic, diabetic clinic, orthopaedic clinic and paediatric clinic, both directly and through the health visitors. Health visitors follow up cases and attend the clinics mentioned, thus being able to follow up necessary treatments in home or school and to pursue defaulters.

Medical Reports—Juvenile Court:

53 medical reports were made by the School Medical Officers during 1965, in respect of children appearing before the Juvenile Court.

A. H. Butler Ltd., St. Leonards-on-Sea (Hastings 814).

